

**JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH  
SIXTH ANNUAL GATES SUMMER INSTITUTE IN REPRODUCTIVE HEALTH AND DEVELOPMENT  
2008**

**APPLICATION FORM**

**PERSONAL INFORMATION**

Title:  Mr.  Mrs.  Ms.  Dr.

Name: \_\_\_\_\_  
First Middle Last/Surname Suffix

Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

Required for academic credit courses: Social Security No. \_\_\_\_\_ Date-of-Birth (mm/dd/yyyy) \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Residence: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Number and Name

\_\_\_\_\_  
City State / Province Postal Code Country

Work Address: \_\_\_\_\_  
Street Number and Name

\_\_\_\_\_  
City State / Province Postal Code Country

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Country / Area Code / Number Country / Area Code / Number

Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Country / Area Code / Number Country / Area Code / Number

Indicate your preferred mailing address:  Home  Office

**PROFESSIONAL EXPERIENCE** (Three most recent, starting with current position)

	Employer	Position/Title	Activities	Dates
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**EDUCATIONAL BACKGROUND** (Start with most recent university/college degree)

	School	Area of Concentration	Degree	Year Received
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**COMPUTING KNOWLEDGE & SKILLS**

	Beginner	Intermediate	Advanced
MS Office Package (Word, PPT)	_____	_____	_____
Internet Search	_____	_____	_____
Software Application:			
SPSS	_____	_____	_____
STATA	_____	_____	_____
Other: _____	_____	_____	_____

**YOUR JHU AFFILIATION (check all that apply):**

Employee       Attended Continuing Education Course or Institute       Alumnus

Are you currently enrolled in a degree program at the Johns Hopkins University?  Yes  No

If yes, which department and degree? \_\_\_\_\_

Are you currently enrolled as an MPH candidate at JHSPH?  Yes  No

Are you currently enrolled as a DrPH candidate at JHSPH?  Yes  No

Are you currently enrolled in a degree program at another university?  Yes  No

If yes, school name and degree: \_\_\_\_\_

How did you hear about the Gates Summer Institute?

Brochure       Website       Colleague       Listserv (Specify): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

**COURSE INFORMATION:**

**Academic credit (6)**      **\$4620.00** (Course ID: 380.770.11)

**Non-Credit**      **\$2184.00**

**Materials Fee**      **\$200.00**

**Housing: June 1 - June 13, 2007**

**Singles \$660** (includes breakfast, M-F)

**Housing Deposit \$200** (Due by April 25)

**PAYMENT:**

Tuition      \$ \_\_\_\_\_

Materials Fee      \$ \_\_\_\_\_

Housing Deposit      \$ \_\_\_\_\_

**TOTAL**      \$ \_\_\_\_\_

**Total Enclosed**      \$ \_\_\_\_\_

**BALANCE DUE (May 16)** \$ \_\_\_\_\_

Gender:       Female       Male

I would like to share a suite with (provide name):

\_\_\_\_\_

I will make my own housing arrangements.

Please send list of other housing options.

**PAYMENT METHOD**

Enclosed is a check or money order.

Check No.: \_\_\_\_\_ (Checks should be payable to Johns Hopkins University)

Enclosed is an approved Johns Hopkins University tuition remission form and payment for any associated fees.

Purchase order or contract is enclosed. Document No.: \_\_\_\_\_

Credit Card:     American Express     Discover     MasterCard     Visa

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
City \_\_\_\_\_ State / Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Name as Printed on Card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

**APPLICANT SIGNATURE**

By signing below, I certify that the information given by me on this application is complete and accurate in every respect, and I understand that any misrepresentation or omission may be cause for denial of registration or revocation of any academic credit. While attending the Summer Institute in Reproductive Health and Development, I will adhere to all rules and regulations applicable to students at the Johns Hopkins Bloomberg School of Public Health including but not limited to the Student Conduct Code and the Student Academic Ethics Code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A completed application along with all required supporting documents (refer to application procedure on the website) must be received by the Gates Institute by **February 15, 2008 for applicants seeking funding and requiring a visa to enter the U.S.** All applications not requiring funding or visa must be received with full payment on and no later than **May 16, 2008.** A late payment fee of \$50.00 will be assessed for payment received after May 16, 2008. Incomplete applications will not be considered.

Send your completed application materials to:

Johns Hopkins Bloomberg School of Public Health  
Summer Institute Office  
615 North Wolfe Street, W1101  
Baltimore, MD 21205

Electronic submission of your application is preferred. You can e-mail your completed application to [sslimited@jhspgh.edu](mailto:sslimited@jhspgh.edu). Please copy the Institute Coordinator Monnie Heminthavong at [aheminth@jhspgh.edu](mailto:aheminth@jhspgh.edu) to ensure that your application has been received and correctly processed.