APPLICATION FORM

Summer Institute in Anatomy
The Johns Hopkins University School of Medicine

(please print in black ink or type)

Name: _____ SS#:_____
Last First MI

Address: _____
Street City State Zip

Date of birth: _____ Telephone:_____
Month Day Year

City & state of birth: _____ e-mail: _____

Parent, guardian, or nearest relative: _____
relationship

Address: _____

Undergraduate Institution:

Current: _____
dates of attendance major

Previous (if applicable): _____
dates of attendance major

*On the back of this form, please write a *short* (1/2 page or less) summary explaining your interest in this course and/or previous background relevant to the course.

REQUIRED SUPPLEMENTAL MATERIALS AND FEE

In addition to this completed form, applicants are required to submit the following:

a) a copy of a current official college transcript,

b) a letter of recommendation from an academic advisor (in a sealed envelope, signed by the recommender across the seal)**,**

c) a nonrefundable application fee of $50, made payable to the Johns Hopkins University.

Send all materials, **<u>in one envelope</u>**, to:

Ms. Arlene Daniel
Program Coordinator, Anatomy Institute
Center for Functional Anatomy & Evolution
Johns Hopkins University School of Medicine
1830 East Monument Street, 3rd Floor
Baltimore, MD 21205

DEADLINE FOR <u>RECEIPT</u> OF ALL MATERIALS: MARCH 15, 2010

Johns Hopkins University does not discriminate on the basis of race, color, sex, religion, sexual orientation, national or ethnic origin, age, disability or veteran status in any student program or activity administered by the university or with regard to admission or employment.