

EXTRACURRICULAR ACTIVITY REQUEST FORM  
POSTDOCTORAL RESEARCH FELLOWS

POSTDOCTORAL RESEARCH FELLOW: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

FACULTY MENTOR: \_\_\_\_\_

Are you supported on a T32 grant?          YES          NO

1.      Description of proposed extracurricular activity:

2.      Location of this activity:

3.      Dates of proposed activity: Start date \_\_\_\_\_ End Date \_\_\_\_\_ Approx. hours/week \_\_\_\_\_  
(not to exceed end of current academic year)

4.      Supervisor of the proposed activity: \_\_\_\_\_

5.      I understand that the person listed in Paragraph 4 above must sign this Extracurricular Activity Request form before I may submit it for consideration by the Faculty Mentor and the Associate Dean.

6.      I confirm that my role in this activity does not involve patient care or other clinical responsibilities.

7.      I recognize that this activity is not an approved part of my Johns Hopkins Training Program and must be approved by my Faculty Mentor and the Associate Dean prior to the start of this activity.

8.      I understand that the Faculty Mentor will monitor the effect of the activities on my performance in my postdoctoral research fellowship position. I understand that the Faculty Mentor or Associate Dean may withdraw permission for an extracurricular activity at any time if they determine, at their discretion, that the activity is having an adverse effect upon my performance in my training program.

9.      I understand that this activity, as well as any other extracurricular activity I pursue, must not exceed 10 hours/week in an academic year.

\_\_\_\_\_  
Signature of Postdoctoral Fellow

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor of Activity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Faculty Mentor

\_\_\_\_\_  
Date

**Submit completed form to [PDocOffice@jhmi.edu](mailto:PDocOffice@jhmi.edu) for final review and approval.**

\_\_\_\_\_  
Signature of Associate Dean Postdoctoral Affairs

\_\_\_\_\_  
Date