2017-2018 Application for Undergraduate Visiting Students and Researchers

Personal information

Name

Last/Family Name (as on passport) First/Given Name (as on passport) Middle Name

U.S. Social Security Number

Date of Birth

Month Day Year

Gender

Female Male

Citizenship

U. S. Citizen Non U. S. Citizen U.S. Permanent Resident

Country of Citizenship

City of Birth Country of Birth

Visa Type

F-1 J-1 Other

Do you plan on traveling outside of the United States before coming to Johns Hopkins University? Yes No

Diversity (optional section)

Are you Hispanic/Latino? Yes, Hispanic or Latino (including Spain) No

What is your racial origin? American Indian or Alaska Native Asian White

(Choose one or more of the following.) Black or African American Native Hawaiian or other Pacific Islander

Are you a first generation college student? Yes No

Program Information

Applying for Visiting Undergraduate Student Visiting High School Student

Interested in Coursework Research Both

Applying for Term Fall Spring Summer

Year
Courses to be Taken

<table>
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<tr>
<th>School (Arts &amp; Sciences or Engineering)</th>
<th>Department Number</th>
<th>Course Number</th>
<th>Section Number</th>
<th>Descriptive Course Title</th>
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Contact Information

Current Mailing Address Valid Until (MM/DD/YY) _______________________________________

Address

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<tr>
<th>No.</th>
<th>Street</th>
<th>City</th>
<th>State/Country</th>
<th>Postal Code</th>
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Telephone (Day) ______________________________ Telephone (Evening) __________________________

Telephone (International) ____________________ Fax ____________________________________________

E-mail Address ______________________________________________________

Permanent Contact Information

(Students requesting an F-1 or J-1 visa must have a permanent address in a country other than the United States.)

Permanent Mailing Address Valid Until (MM/DD/YY) _______________________________________

Permanent mailing address the same as current mailing address?  Yes  No

Address

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Telephone (Day) ______________________________ Telephone (International) __________________________

Academic Background

Name of current or most recent institution _______________________________________________

Address of institution ______________________________________________________________

Course of Study ____________________________________________________

Expected graduation date (MM/YYYY) ____________________________ Highest degree earned ____________________________

What is your current year of study or level?  High School Student  College Freshman  College Sophomore  College Junior  College Senior
Academic Background (continued)

Is your transcript attached? □ Yes □ No

Have you ever been placed on academic probation, suspended or expelled from a college or university? □ Yes □ No

If yes, please attach an explanation (up to 100 words).

Other than minor traffic offenses, have you ever been convicted of a criminal offense, or are there criminal charges pending against you? □ Yes □ No

If yes, please attach an explanation (up to 100 words).

Have there ever been any charges of ethical/professional misconduct filed against you? □ Yes □ No

If yes, please attach an explanation (up to 100 words).

I affirm that the information on this application form, and any additional material that I submit related to the admissions process, is complete, accurate, and true to the best of my knowledge. I understand that furnishing false or incomplete information on any part of this application for admission or any related materials may be cause for denial of admission or immediate dismissal/termination of visiting student status. I understand that any application fees are non-refundable and that any materials submitted related to my application become the property of the Johns Hopkins University Krieger School of Arts and Sciences and Whiting School of Engineering and cannot be returned or forwarded to a third party.

(For visiting research students) I have read the attached letter of invitation from ___________________________ in the department of ___________________________ and hereby accept the offer as stated in the letter.

Date ___________________________ Signature of Applicant ___________________________

Office Use Only

Department ___________________________ Supervisor/Sponsor ___________________________

Title of position ___________________________

Must check one: □ Salary □ Wage □ None

Salary/Wage amount ($) ___________________________ If wage, number of hours worked per week ___________________________

Start date (MM/DD/YYYY) ___________________________ End date (MM/DD/YYYY) ___________________________

Is it possible that the appointment will be renewed beyond this date? (if applicable) □ Yes □ No

Proportion of time spent on the following activities: Research _____ Training _____ Study _____ Teaching _____

Brief description of responsibilities:

Date ___________________________ Signature of Department/Admissions Office ___________________________

Date ___________________________ Signature of OIS (if applicable) ___________________________