

Application, Letter of Recommendation, and Evaluation Form

<Web Page>

Graduate Student Training Programs Application

OMB No. 0925-0501

Expiration Date: XXXX XX, XXXX (Expiration Date is Not the Application Deadline.)

The GPP encourages you to review the following information before completing the on-line application:

- Application Directions
- Frequently Asked Questions
- Application Help
- Privacy Statement
- Respondent Burden

To complete your application to the GPP, the following items are needed:

1. Three letters of recommendation from three individuals that can evaluate your strengths as a future PhD: submitted electronically by the references as directed in the email request.
2. Unofficial Copy of Standardized Examination Scores: may be submitted by mail or fax
3. Official Copy of All Transcripts: submitted by university registrar or by the applicant in sealed & signed envelopes from the registrar.

YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS ALL REQUIRED APPLICATIONS AND SUPPLEMENTAL MATERIAL ARE RECEIVED BY THE SPECIFIED DEADLINE LISTED IN THE PARTNERSHIP DESCRIPTION.

After completing the on-line application, send items 2 and 3 to the address listed below.

Graduate Partnerships Program
ATTN: APPLICATION MATERIAL
National Institutes of Health
2 Center Drive: Building 2 / Room 2E06
Bethesda, Maryland 20892-0234
Phone: 301-594-9605
Fax: 301-594-9606
Email: gpp@nih.gov
Web: <http://gpp.nih.gov>

Please, No Staples!

<Web Page>

Privacy Policy

Collection of this information is authorized under 42 U.S.C. 203, 241, 2891-1 and 44 U.S.C. 3101. The primary use of this information is to evaluate your qualifications for research training at the National Institutes of Health. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Application for this program is voluntary, however, in order for us to process your application; you must complete the required fields.

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Respondent Burden

Public reporting burden for this collection of information is estimated to average 30 minutes per responses, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974. ATTN: PRA (0925-0501). Do not return the completed form to this address.

PERSONAL INFORMATION	
Greeting title	<i>Menu</i>
First name	
Middle name	
Last name	
Date of birth	<i>Month / Date / Year</i>
Are you a USA Citizen?	<i>Menu</i>
If not a USA Citizen, are you a USA Permanent Resident?	<i>Menu</i>
If International Citizen, what is your country of citizenship?	
If International Citizen, what visa do you have for admission into the USA?	
What is the Expiration Date of your Visa?	
AAMC Identification Number	
Language native	
Language fluencies	

CURRENT ADDRESS	
Address valid until (mm/dd/yyyy)	
Street or PO Box	
Street or PO Box	
City	
State	
Zip code	
Country	
Phone day	
Phone evening	
Email address	
PERMANENT ADDRESS	
Contact Name	
Street or PO Box	
Street or PO Box	
City	
State	
Zip code	
Country	
Phone day	
Phone evening	
Email address	

PROSPECTIVE GS PROGRAM SELECTION	
BR-Neuroscience	
BU-Bioinformatics	
GWU-Biomedical	
GU-Biomedical Sciences	
JHU-Cell, Molecular, Developmental Biology	
NYU-Structural Biology	
UMD-Biophysics	
UMD-Hearing & Speech Sciences	
UMT-Molecular Basis of Infectious Diseases	
UNC-Cell Motility	
UP-Immunology	
OX-Biomedical Sciences	
CAM-Health Sciences	
KI-Neuroscience	
NCI-Molecular Pathology	
NINR-Nursing Research	
NIH-MSTP	
...any additional programs	

CURRENT GS PROGRAM SELECTION	
Individual Agreement (IA)	
Bulgaria Consortium (Bulgaria)	
Hungary Consortium (Hungary)	
KAIST Consortium (Korea)	
Karolinska Institutet-Neuroscience (Sweden)	
National Defense Medical Center (Twain)	
Seoul National University-Biological Sciences (Korea)	
Shanghai Second Medical University (China)	
Tel Aviv University-Women's Health (Israel)	
University of Cambridge-Health Sciences (England)	
University of Naples Federico II (Italy)	
University of Oxford-Biomedical Sciences (England)	
University of Valparaiso-Neuroscience (Chile)	
...any additional programs	

SCIENTIFIC DISCIPLINE INTERESTS	
Choice one	<i>Menu</i>
Choice two (optional)	<i>Menu</i>
Choice three (optional)	<i>Menu</i>

EDUCATION FIELDS (REPEAT UP TO 6 TIMES)						
University name						
Academic major						
Academic minor/second major						
Start date						
Graduation date (actual/anticipated)						
Grade Point Average						
Grade Point Average Scale						
Degree anticipated/awarded	<i>Menu</i>	<i>Menu</i>	<i>Menu</i>	<i>Menu</i>	<i>Menu</i>	<i>Menu</i>

STANDARDIZED EXAMS - GRE	
Date of exam	
Verbal score	
Quantitative score	
Analytical score	
Analytical written score	

STANDARDIZED EXAM - GRE SUBJECT	
Date of exam	
Subject	<i>Menu</i>
Subject score	

STANDARDIZED EXAMS - MCAT	
Date of exam	
Verbal score	
Physical science score	
Biological science score	
Writing sample score	<i>Menu</i>
Total score	

STANDARDIZED EXAMS - TOEFL	
Date of exam	
Type of exam (paper/computer)	<i>Menu</i>
Listening score	
Writing score	
Reading score	
Essay rating	
Total score	

NIH INFORMATION FOR DISSERTATION RESEARCH	
NIH Sponsor / Mentor for Dissertation Research	
NIH Administrative Officer	
NIH Institute-Center	
NIH Start Date as a PhD Graduate Student	
NIH Address (Building / Room)	
NIH Phone Number	
NIH Training Duration	

RECOMMENDATION LETTERS

Under the Privacy Act of 1974, you have the right to access to the information provided in the letters of recommendation unless you have waived such access. Please indicate your decision for each reference. Your choice will not affect your eligibility for admission.

REFERENCE – ONE

Greeting title	
First name	
Last name	
Position title	
Employment institution	
Daytime phone	
Email address	
Waive letter access	<i>Menu</i>

REFERENCE – TWO

Greeting title	
First name	
Last name	
Position title	
Employment institution	
Daytime phone	
Email address	
Waive letter access	<i>Menu</i>

REFERENCE – THREE

Greeting title	
First name	
Last name	
Position title	
Employment institution	
Daytime phone	
Email address	
Waive letter access	<i>Menu</i>

RESUME COMPONENTS	
Research experience	
Publications	
Presentations	
Awards/honors	
Extracurricular activities	
Personal statement/research proposal	
Cover Letter	
Additional Information	

OPTIONAL STATISTICS	
Ethnicity	<i>Menu</i>
Race	<i>Menu</i>
Gender	<i>Menu</i>
Marital Status	<i>Menu</i>
Disability	<i>Menu</i>
How did you learn about the GPP?	<i>Menu</i>

TRAVEL INFORMATION – COMPLETED BY APPLICANT

Travel Form

OMB Number: 0925-0501

Expiration Date: XXXXX XX, XXXX (Expiration Date Is Not the Application Deadline.)

- Privacy Statement
- Respondent Burden

Welcome to the NIH Graduate Partnerships Program on-line form for travel reservations. Please take a moment to complete the following fields to the best of your ability. A GPP staff member or Travel Agent will contact you to confirm your transportation and lodging reservations for your interviews.

After depressing the submit button a new webpage indicating successful submission of your travel information will be displayed. Uploading may take a few moments, please be patient. Contact the GPP if you have any questions or concerns.

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National Institutes of Health
2 Center Drive: Building 2 / Room 2E06
Bethesda, Maryland 20892-0234
Phone: 301-594-9605
Fax: 301-594-9606
Email: gpp@nih.gov
Web: <http://gpp.nih.gov>

Best regards,
Graduate Partnerships Program

Name on Government ID		
Address (Valid for Next 60-Days)		
	Street	
	City	
	State	
	Zip-Code	
	Country	
	Email	
	Phone	
NIH-University Partnership		
Interview Date(s) at NIH		
NIH Campus Location?		
Lodging Needed? Nights?		
Interview Date(s) at University		
University Location?		
Lodging Needed? Nights?		
Gender (To Arrange Lodging Reservations)		
Valid & Active NIH Badge? NIH Trainee?		
Travel – Point of Origin to NIH	<i>Location, Airport, Departure Date, Time</i>	
Travel – NIH to University	<i>Location, Airport, Departure Date, Time</i>	
Travel – University to Point of Origin	<i>Location, Airport, Departure Date, Time</i>	
Additional Information		

LETTER OF RECOMMENDATION – COMPLETED BY REFERENCE

Recommendation Letter

OMB Number: 0925-0501

Expiration Date: XXXXX XX, XXXX (Expiration Date Is Not the Application Deadline.)

Welcome to the NIH Graduate Partnerships Program on-line letter of recommendation submission website. Your letter of recommendation is very important in our selection process. We would particularly appreciate your comments on the student's overall intelligence, analytical ability, research ability, verbal and writing skills, interpersonal skills, motivation, and maturity. Your overall analysis of their potential to excel in graduate school and as a future scientist would be especially helpful.

After depressing the submit button a new webpage indicating successful submission of your recommendation will be displayed. Uploading the evaluation form and recommendation letter may take a few moments, please be patient. Contact the GPP if you have any questions or concerns.

Graduate Partnerships Program
National Institutes of Health
2 Center Drive: Building 2 / Room 2E06
Bethesda, Maryland 20892-0234

Phone: 301-594-9605
Fax: 301-594-9606
Email: gpp@nih.gov
Web: <http://gpp.nih.gov>

Thank you for submitting your evaluation.

Best regards,

Graduate Partnerships Program

APPLICANT'S INFORMATION	
First Name	
Last Name	
Application Number	
REFERENCE INFORMATION	
Greeting Title	
First Name	
Last Name	
Position Title	
Employment Institution	
Address	
Address	
City	
State	
Zip-code	
Country	
Daytime Phone Number	
Fax Number	
Email Address	
APPLICANT'S EVALUATION	
How long have you known the applicant?	
In what capacity have you known the Applicant?	
Intelligence	<i>menu</i>
Analytical Ability	<i>menu</i>
Research Ability	<i>menu</i>
Verbal Ability	<i>menu</i>
Writing Ability	<i>menu</i>
Interpersonal Skills	<i>menu</i>
Motivation for Research	<i>menu</i>
Confidence	<i>menu</i>
Initiative	<i>menu</i>
Honesty	<i>menu</i>
Knowledge of Field	<i>menu</i>
Maturity	<i>menu</i>
Overall Potential as a Scientist	<i>menu</i>
Letter of Recommendation	

<Email Message>

LETTER TO APPLICANT – ANONYMOUS RESPONSE

Dear <First-Name>,

Thank you very much for taking the time to consider the NIH Graduate Partnerships Program for your Ph.D. education. Although you did not choose to enter our program we are glad you were able to find a graduate school that met your needs. Please keep NIH in mind when it comes time for your postdoctoral research training! We strongly believe we can provide outstanding research training for post-docs as well as graduate students.

We know your time is valuable, but would appreciate just a few minutes of your time to give us feedback on your experiences during the application and interview process, and your assessment of NIH as a potential site for graduate training. Your ideas are very important to us as we strive to make our application and programs as user-friendly and effective as possible. Your responses will be kept confidential and will have no effect on your participation in other NIH training programs.

Question: Is there any way in which we could have made the application, interview and selection processes easier or better for you?

Question: What two or three attributes or possibilities did you find most attractive about the Graduate Partnerships Program(s) to which you applied?

Question: What were the deciding factors in your choice not to do your PhD through the Graduate Partnerships Program?

Question: What PhD program did you choose and what were the most important positive deciding factors for your choice?

All the best to you,

Pat Wagner Ph.D.,
Director of Admissions & Registrar
Graduate Partnerships Program
National Institutes of Health
2 Center Drive: Building 2 / 2E12
Bethesda, Maryland 20892-0234
Phone: 301-594-9605
Fax: 301-594-9606
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