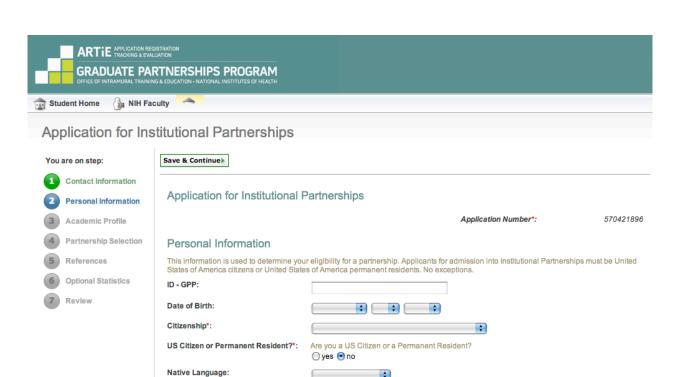


Application for Institutional Partnerships

You are on step: Save & Continue Contact Information Application for Institutional Partnerships Personal Information Academic Profile **Contact Information** The information requested in this section is used to establish methods for contacting you throughout the application and admission process. Please make sure all information submitted is correct, especially email and phone numbers. Partnership Selection References Application Type: Institutional Partnership - Prospective students wishing to enroll in a PhD partnership between NIH and host University. Enrollment is limited to US citizens and US permanent residents. **Optional Statistics** Review Middle Name: Last Name: (Family Name) Email*: Phone Number: Address*: Street: City: State: -Zip: Country: -Password: For security purposes, the password must meet the following criteria: 1. Must be between 8 and 14 characters Must contain 1 of each of the following: Lower case letter * upper case letter * number * special character (i.e. I, %,^) Verify Password: Enter the password again

Save & Continue



Save & Continue

OMB Number: 0925-0299

Additional Fluencies:

Expiration Date: September 20, 2012 (Expiration Date is not the Application Deadline Date)

[select]



Student Home





Application for Institutional Partnerships

You are on step:

Contact Information

Personal Information

Academic Profile

Partnership Selection

References Optional Statistics

Review

Save & Continue

Application for Institutional Partnerships

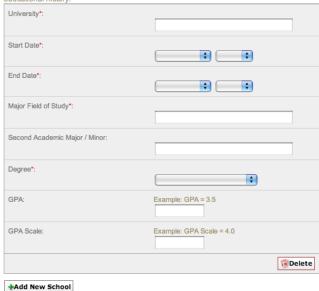
570421896 Application Number*:

Academic Profile

This section is broken down into two sections: Educational History and Standardized Examinations (GRE, MCAT, TOEFL).

Educational History:

Submit information about each university / college attended during undergraduate and graduate school, even if you did not obtain a degree from that institution. Enter educational information in chronological order with the most recent enrollment first. You will be able to add as many records as needed to accurately represent your educational history.



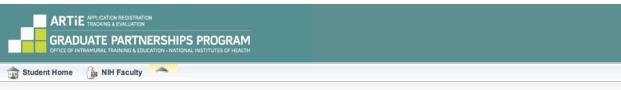
You will need to enter both the scores and percentiles for any standardized examination score completed: GRE, GRE Subject, MCAT, or TOEFL. If you are taking the examination in the coming months include the estimated date of the exam in your application so the admission committee knows results are pending.

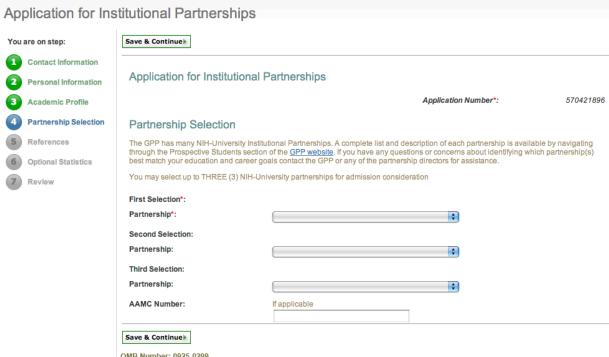
Graduate Record Examination (GRE):
The GRE General Test is required for all Institutional Partnerships. Karolinska Institutet partnership will accept MCAT score in lieu of a GRE

Exam Date:	
Verbal Reasoning Score:	0
Verbal Reasoning Percentile:	0
Quantitative Reasoning Score:	0
Quantitative Reasoning Percentile:	0
Analytical Writing Score:	0

Analytical Writing Percentile:	0
Analytical Score (pre-October 2002):	0
Analytical Score (pre-October 2002) Percentile:	0
Subject Exam Date:	•
Exam Subject:	•
Subject Score:	0
Subject Percentile:	0
MCAT: MCAT exam is required for admission co	onsideration in the NIH Intramural MD/PhD partnership.
Exam Date:	
Verbal Reasoning Score:	0
Verbal Percentile:	
Physical Sciences Score:	0
Physical Sciences Percentile:	
Biological Sciences Score:	0
Biological Sciences Percentile:	
Writing Sample Score:	
Writing Sample Percentile:	
TOEFL:	
Exam Date:	
Type of Exam Taken:	
Listening Score:	0
Listening Percentile:	0
Writing Score:	0
Writing Percentile:	0
Reading Score:	0
Reading Percentile:	0
Essay Rating:	0
Essay Percentile:	0
Total TOEFL Score:	0
Total Percentile:	0

Save & Continue





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Application for Institutional Partnerships

You are on step

Contact Information

Personal Information

3 Academic Profile

4 Partnership Selection

5 References

6 Optional Statistics

7 Review

Save & Continue

Application for Institutional Partnerships

Application Number*:

570421896

References

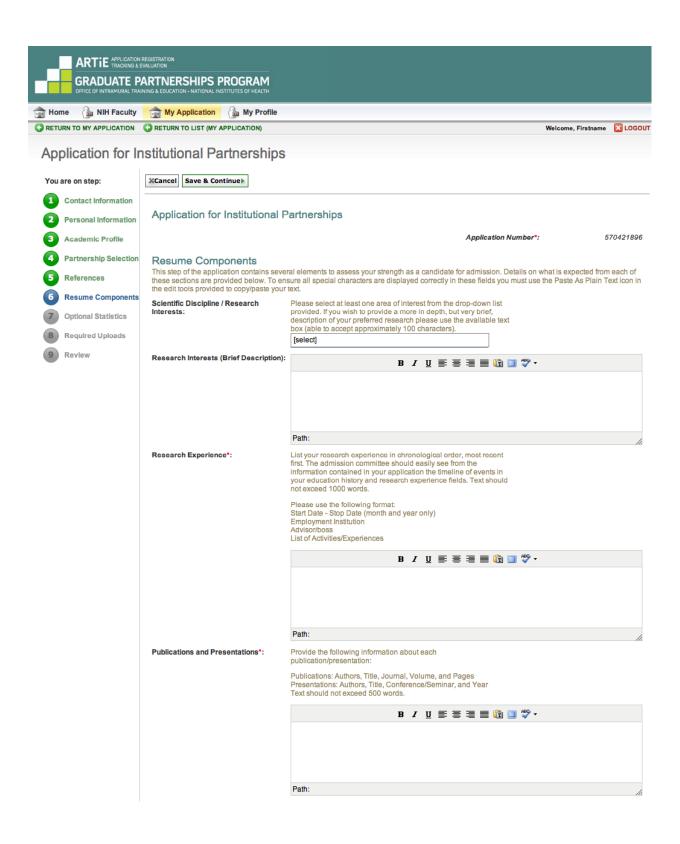
Three letters of recommendation from three different individuals are needed to complete the GPP application. Choose references that are familiar with your educational training and especially your prior research experience. After you submit the name and e-mail address of each recommender, we will automatically send an email message to each reference requesting that a letter be submitted on your behalf. The email message contains directions about completing the evaluation form and submitting a recommendation letter electronically. Periodically contact each of your references to ensure receipt of the request. If a recommendation request needs to be resent, contact the GPP at gpp@nih.gov or the Ask A Question box. Hardcopies of recommendation letters will not be processed by the GPP.

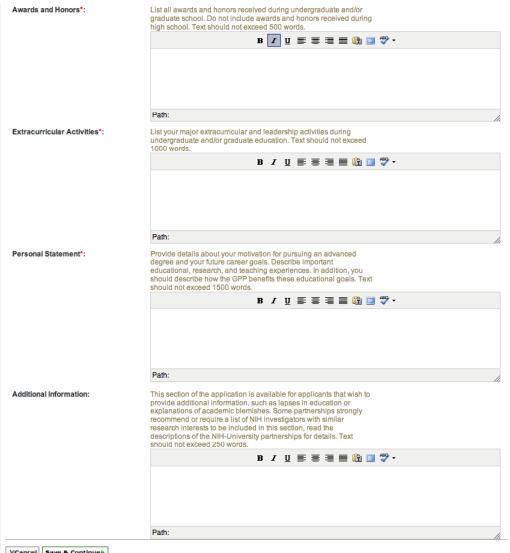
Although not required, you are allowed to submit a fourth reference in Part-A. As the application season proceeds if you find that you must make a substitution on one or more of your references you are able to do so by completing additional fields for new references within Part-B of the application; select edit view within the Reference step.

Under the Privacy Act of 1974, you have the right to access the information contained within a recommendation unless you have waived such access. For each reference, your response about waiving access to each letter of recommendation is required. Your references will be given your response to waiving access to the letter of recommendation.

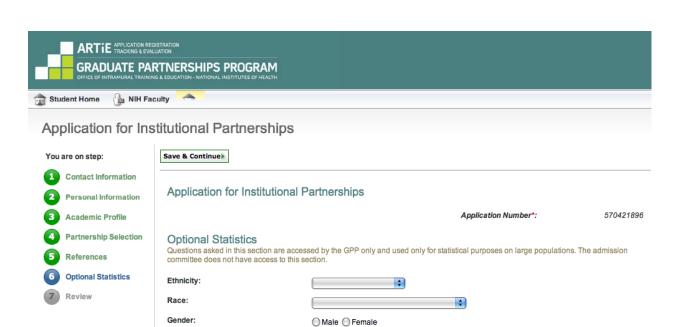
Recommendation #1	
Title:	*
First Name*:	
Middle Name:	
Last Name*:	
Email*:	
Waive Access*:	○ yes ○ no
Recommendation #2	
Title:	*
First Name*:	
Middle Name:	
Last Name*:	
Email*:	
Walve Access*:	○ yes ○ no
Recommendation #3	
Title:	•
First Name*:	
Middle Name:	
Last Name*:	
Email*:	
Walve Access*:	○ yes ○ no
+Add Additional Reference (Option	onal)

Save & Continue





%Cancel Save & Continue ▶

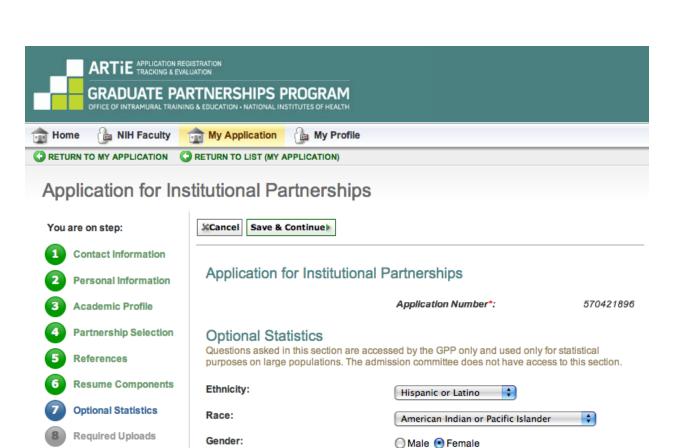


How did you learn about the GPP?

+

Save & Continue

Recruitment:



Review

OMB Number: 0925-0299

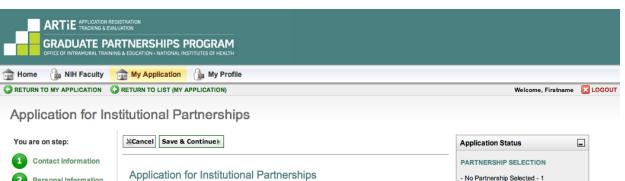
Recruitment:

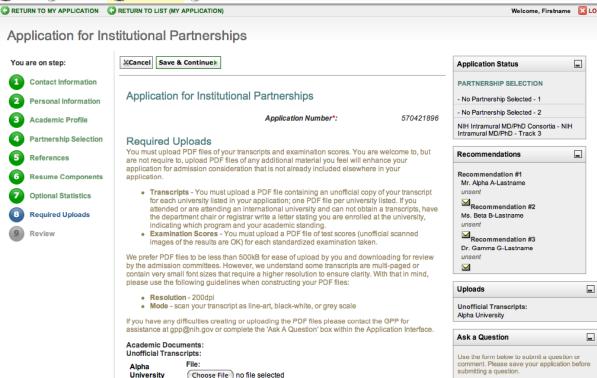
%Cancel Save & Continue ▶

Expiration Date: September 20, 2012 (Expiration Date is not the Application Deadline Date)

Email Message

How did you learn about the GPP?





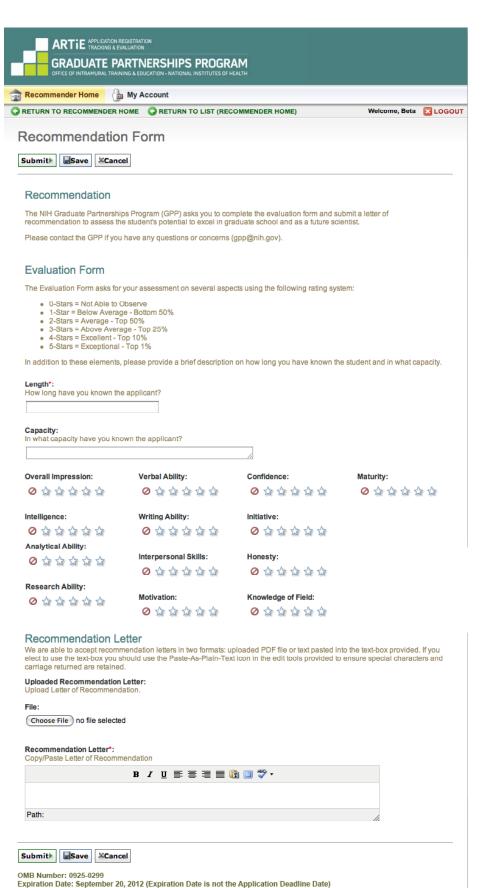
Alpha University Choose File no file selected Additional Document(s): You can use this area to upload additional documents requested by **♣Add Document %Cancel** Save & Continue ▶ OMB Number: 0925-0299

Subject:

Body:

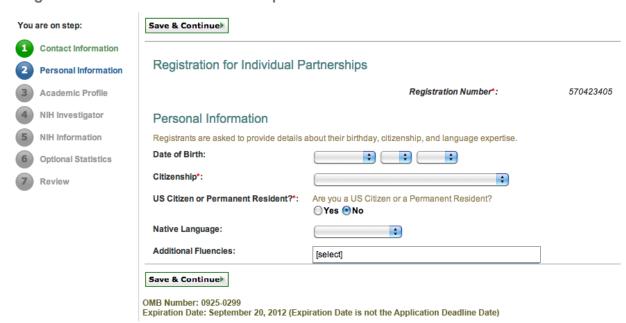
Submit Question

Expiration Date: September 20, 2012 (Expiration Date is not the Application Deadline Date)



Save & Continue You are on step: Contact Information Registration for Individual Partnerships Personal Information Academic Profile **Contact Information** The information requested in this section is used to establish methods for contacting you throughout the application and NIH Investigator admission process. Please make sure all information submitted is correct, especially email and phone numbers. **NIH Information** (Given Name) **Optional Statistics** Middle Name: Review (Family Name) Last Name: Email*: Phone Number: Address*: Street: City: State: + Zip: Country: Password: For security purposes, the password must meet the following criteria: 1. Must be between 8 and 14 characters 2. Must contain 1 of each of the following: *Lower case letter *upper case letter *number *special character (i.e. !, %,^) Verify Password: Enter the password again

Save & Continue



You are on step:

1 Contact Information

Personal Information

Academic Profile

4 NIH Investigator

5 NIH Information

6 Optional Statistics

7 Review

Save & Continue

Registration for Individual Partnerships

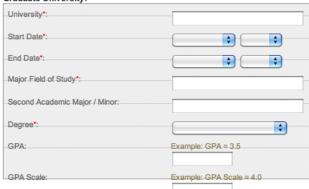
Registration Number*:

570423405

Academic Profile

Submit information about each university / college attended during undergraduate and graduate school, even if you did not obtain a degree from that institution. Details about your PhD program should be entered into fields designated as Graduate University. All other educational information should be listed in chronological order with the most recent enrollment first. You will be able to add as many records as needed to accurately represent your educational history.

Graduate University:



Educational History:

University*:	
Start Date*:	• •
End Date*:	
Major Field of Study*:	
Second Academic Major / Minor:	
Degree*:	•
GPA:	Example: GPA = 3.5
GPA Scale:	Example: GPA Scale = 4.0
	® Delete

If you have GRE, MCAT, or TOEFL examination scores, please include this information so we can generate statistics reports on large populations. If you do not have these scores it is not necessary to take these examinations unless the NIH investigator for dissertation research requests such scores. Graduate Record Examination (GRE): Exam Date: • Verbal Reasoning Score: 0 Verbal Reasoning Percentile: 0 Quantitative Reasoning Score: 0 Quantitative Reasoning Percentile: 0 Analytical Writing Score: 0 **Analytical Writing Percentile:** 0 Analytical Score (pre-October 2002): 0 Analytical Score (pre-October 2002) 0 Percentile: Subject Exam Date: • Exam Subject: + Subject Score: 0 Subject Percentile: 0 MCAT: Exam Date: • Verbal Reasoning Score: 0 Verbal Percentile: Physical Sciences Score: 0 Physical Sciences Percentile: **Biological Sciences Score: Biological Sciences Percentile:** Writing Sample Score:

*Add New School

Writing Sample Percentile:

TOEFL:	
Exam Date:	
Type of Exam Taken:	•
Listening Score:	0
Listening Percentile:	0
Writing Score:	0
Writing Percentile:	0
Reading Score:	0
Reading Percentile:	0
Essay Rating:	0
Essay Percentile:	0
Total TOEFL Score:	0
Total Percentile:	0
Save & Continue	

You are on step: Save & Continue **Contact Information** Registration for Individual Partnerships Personal Information **Academic Profile** Registration Number*: 570423405 NIH Investigator NIH Investigator This section is designed to identify the NIH investigator for dissertation research. We have provided fields for a primary advisor and secondary advisor (if needed). If you do not find the name of the investigator in the drop-down menu you are able to enter his/her name in the open text field provided. Note: The GPP will contact each investigator identified to confirm NIH Information **Optional Statistics** their willingness to host you in their laboratory. Primary Investigator*: P Other: If your investigator is not registered with the GPP, please enter their Secondary Investigator: If your investigator is not registered with the GPP, please enter their Other: name below Secondary Investigator: Other: If your investigator is not registered with the GPP, please enter their

Save & Continue

OMB Number: 0925-0299

Expiration Date: September 20, 2012 (Expiration Date is not the Application Deadline Date)

You	are on step:	Save & Continue			
1 2	Contact Information Personal Information	Registration for Individual	Partnerships		
3	Academic Profile			Registration Number*:	570423405
4	NIH Investigator	NIH Information			
5	NIH Information	NIH Administrative Officer:			
7	Optional Statistics Review	NIH Institute Center: NIH Start Date as a PhD Graduate Student: NIH Address (Building / Room): NIH Phone Number: NIH Training Duration:	January 19	2011	
		Save & Continue OMB Number: 0925-0299 Expiration Date: Sentember 20, 2012 (I	Expiration Date is not the Δ	polication Deadline Date)	

Save & Continue You are on step: **Contact Information** Registration for Individual Partnerships Personal Information **Academic Profile** Registration Number*: 570423405 NIH Investigator **Optional Statistics** Questions asked in this section are accessed by the GPP only and used only for statistical purposes on large populations. The admission committee does not have access to this section. **NIH Information Optional Statistics** Ethnicity: + Review Race: Recruitment: How did you learn about the GPP? + Save & Continue OMB Number: 0925-0299 Expiration Date: September 20, 2012 (Expiration Date is not the Application Deadline Date)

Burden Disclosure Statement for Applicants –

Public reporting burden for this collection of information is estimated to average 45-minutes for the application and 45-minutes for the supplemental material per response, 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 (0925-0299). Do not return the completed form to this address.

Burden Disclosure Statement for References -

Public reporting burden for this collection of information is estimated to average 15-minutes per response, 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 (0925-0299). Do not return the completed form to this address.