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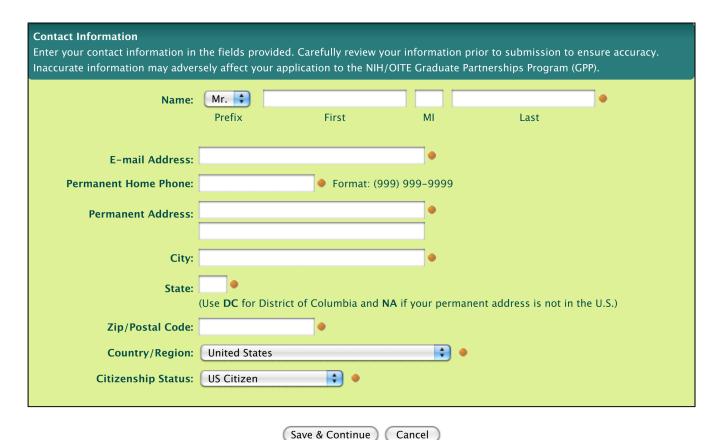
.:i **home**   .:i **for prospective applicants**

GRADUATE PARTNERSHIPS PROGRAM

MY CONTACT INFORMATION

OMB No. 0925-0299
Expiration Date 03/31/2014
Respondent Burden

Instructions: Before you begin, you may want to review some helpful hints on using this electronic form and our privacy statement.

Contact Information
Enter your contact information in the fields provided. Carefully review your information prior to submission to ensure accuracy. Inaccurate information may adversely affect your application to the NIH/OITE Graduate Partnerships Program (GPP).

Name: [Mr. ▼]   [   ] [   ] [   ] ●
           Prefix   First   MI   Last

E-mail Address: [   ] ●

Permanent Home Phone: [   ] ● Format: (999) 999-9999

Permanent Address: [   ] ●
                       [   ]

City: [   ] ●

State: [   ] ●
(Use **DC** for District of Columbia and **NA** if your permanent address is not in the U.S.)

Zip/Postal Code: [   ] ●

Country/Region: [United States ▼] ●

Citizenship Status: [US Citizen ▼] ●

[Save & Continue]   [Cancel]

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GRADUATE PARTNERSHIP PROGRAM

OMB No. 0925–0299
Expiration Date 03/31/2014
[Respondent Burden](#)

APPLY FOR INSTITUTIONAL PARTNERSHIP(S)   **MYGPP** | **SIGN-OFF**

<u>Instructions</u>: Before you begin, you may want to review some <u>helpful hints</u> on using this electronic form and our <u>privacy statement</u>.

Eligibility Criteria:
You must meet the following criteria to complete the NIH Graduate Partnerships Program (GPP) Application for Admission Consideration:

1. You are considering admission into the following NIH–University Institutional Partnerships
   - Boston University – Bioinformatics
   - Brown University – Neuroscience
   - George Washington University – Biomedical Sciences
   - Georgetown University – Biomedical Sciences
   - Johns Hopkins University – Cell, Molecular, Developmental Biology & Biophysics
   - Karolinska Institutet (Sweden) – Neuroscience
   - University College London (England) / NIMH & NINDS – Neuroscience
   - University of Maryland, College Park – Sensory and Communication Neuroscience / NIDCD
   - University of Oxford (England) / University of Cambridge (England) / NIH
   - Consortia of Universities – Intramural MD/PHD Partnership
   - Consortia of Universities – Molecular Pathology / NCI
   - Consortia of Universities – NINR–Nursing and Biobehavioral Research

2. You either have or anticipate having a bachelor degree by Fall Admission
3. You are a USA citizen or USA permanent resident

Application Tips:
This form allows you to save a partially completed application. To take advantage of this feature:
- Enter as much information into the form as you would like.
- Press "Save Partial Application & Quit" to save the information you have entered thus far. You will have to return later to complete your application.
- When you first submit your partial application, you will receive an e-mail message containing instructions for accessing the online tool that allows you to review, modify, and complete your application.

Only **completed** applications are available for review by NIH investigators and administrators; partial applications are **not** accessible by NIH investigators. Once you complete your application, press "Preview Completed Application." You will be taken to a page displaying the information you have provided. **To submit your completed application, you must select the "Save" button on the Preview page.**

IMPORTANT NOTE: The GPP Application deadline is December 15, 2013 (11:59pm ET). Applications that are incomplete after the

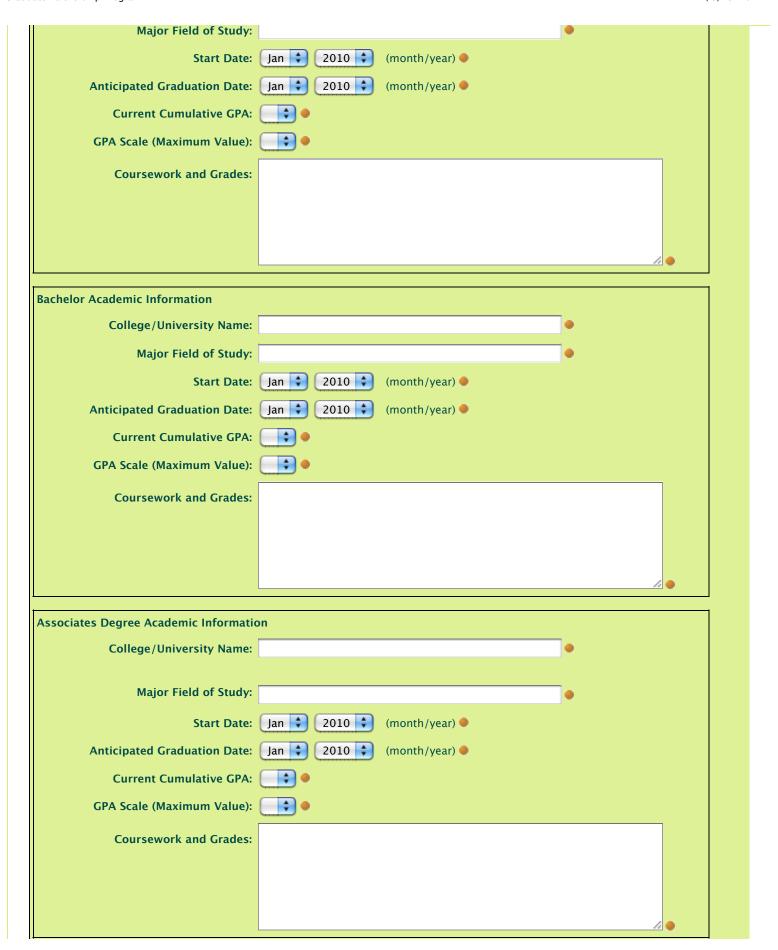December 15 deadline will not receive further consideration.

1. Please read the "Graduate Partnership Program page" before beginning your online application.
2. Be sure that the e-mail addresses you provide is accurate. Incorrect e-mail addresses will delay the processing of your registration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appear as you intend, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad for PC users or TextEdit for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your registration thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as early as possible to ensure that your references submit their letters promptly using our online system.
6. Letters of recommendation are due no later than December 31, 2013, at 11:30pm ET. We will not accept letters after that time.

🔴 Indicates a required field.   💬 Indicates a help button.

Partnership Selection:
Select all the partnerships you wish to be considered for admission in your preferred order. Before making your selection, be sure to read all partnership descriptions because have additional eligibility requirements for admission consideration. 🔴

- ☐ Boston University – Bioinformatics
- ☐ Brown University – Neuroscience
- ☐ George Washington University – Biomedical Sciences
- ☐ Georgetown University – Biomedical Sciences
- ☐ Johns Hopkins University – Cell, Molecular, Developmental Biology & Biophysics
- ☐ Karolinska Institutet (Sweden) – Neuroscience
- ☐ University College London (England) / NIMH & NINDS – Neuroscience
- ☐ University of Maryland, College Park – Sensory and Communication Neuroscience / NIDCD
- ☐ University of Oxford (England) / University of Cambridge (England) / NIH
- ☐ Consortia of Universities – Intramural MD/PHD Partnership
- ☐ Consortia of Universities – Molecular Pathology / NCI
- ☐ Consortia of Universities – NINR–Nursing and Biobehavioral Research

Selected Partnership(s): (In order of preference)

[   ]

[Move Up]   [Move Down]   [Remove]   [Clear All]

Academic Information

Indicate which degree program information you will be reporting in your application. Be sure to include all of your educational history. Failure to do so may be grounds for dismissal.
- ☑ PhD degree program
- ☑ MD or DDS or DVM or RN degree program

☑ Master degree program
☑ Bachelor degree program
☑ Associate degree program
☑ Non-degree program

PhD Degree Academic Information

College/University Name: [_____] ●

Major Field of Study: [_____] ●

Start Date: [Jan ▼] [2010 ▼] (month/year) ●

Anticipated Graduation Date: [Jan ▼] [2010 ▼] (month/year) ●

Current Cumulative GPA: [▼] ●

GPA Scale (Maximum Value): [▼] ●

Coursework and Grades: [_____] ●

MD or DDS or DVM or RN Degree Academic Information
This section is required if you indicated above that you an MD or DDS or DVM or RN degree.

Degree Program: [▼] ●

College or University Name: [_____] ●

Major Field of Study: [_____] ●

Start Date: [Jan ▼] [2010 ▼] (month/year) ●

Anticipated Graduation Date: [Jan ▼] [2010 ▼] (month/year) ●

Cumulative GPA: [▼] ●

GPA Scale (Maximum Value): [▼] ●

AAMC Number (if applicable): [_____]

MD or DDS or DVM or RN
Coursework and Grades:

[_____] ●

Master Academic Information

College/University Name: [_____] ●

Major Field of Study: [   ] ●

Start Date: [Jan ▼] [2010 ▼] (month/year) ●

Anticipated Graduation Date: [Jan ▼] [2010 ▼] (month/year) ●

Current Cumulative GPA: [▼] ●

GPA Scale (Maximum Value): [▼] ●

Coursework and Grades: [   ] ●

Bachelor Academic Information

College/University Name: [   ] ●

Major Field of Study: [   ] ●

Start Date: [Jan ▼] [2010 ▼] (month/year) ●

Anticipated Graduation Date: [Jan ▼] [2010 ▼] (month/year) ●

Current Cumulative GPA: [▼] ●

GPA Scale (Maximum Value): [▼] ●

Coursework and Grades: [   ] ●

Associates Degree Academic Information

College/University Name: [   ] ●

Major Field of Study: [   ] ●

Start Date: [Jan ▼] [2010 ▼] (month/year) ●

Anticipated Graduation Date: [Jan ▼] [2010 ▼] (month/year) ●

Current Cumulative GPA: [▼] ●

GPA Scale (Maximum Value): [▼] ●

Coursework and Grades: [   ] ●

Non-Degree Academic Information

College/University Name: [   ] ●

Major Field of Study: [   ] ●

Start Date: [Jan ▲▼] [2010 ▲▼] (month/year) ●

Anticipated Graduation Date: [Jan ▲▼] [2010 ▲▼] (month/year) ●

Current Cumulative GPA: [▲▼] ●

GPA Scale (Maximum Value): [▲▼] ●

Coursework and Grades: [   ] ●

Standardized Examinations

Graduate Record Examination (GRE)

Examination Date: [Jan ▲▼] [2010 ▲▼] (month/year)

Verbal Reasoning: [▲▼] / [▲▼] (Score/Percentile)

Quantitative Reasoning: [▲▼] / [▲▼] (Score/Percentile)

Analytical Writing: [▲▼] / [▲▼] (Score/Percentile)

GRE Subject Examination (if applicable)

Examination Date: [Jan ▲▼] [2010 ▲▼] (month/year)

Examination Taken: [   ]

Subject Score: [▲▼] / [▲▼] (Score/Percentile)

Medical College Admission Test (MCAT)

Examination Date: [Jan ▲▼] [2010 ▲▼] (month/year)

Verbal Reasoning: [▲▼] / [   ] (Score/Percentile)

Physical Sciences: [▲▼] / [   ] (Score/Percentile)

Biological Sciences: [▲▼] / [   ] (Score/Percentile)

Writing Sample: [▲▼] / [   ] (Score/Percentile)

CV/Resume Sections
Copy and paste a plain text version of your curriculum vitae or resume into the sections below. Some reformatting may be necessary.

Brief Description of Your Research Interests: (Up to 600 characters)

Research Experience: (Up to 6000 characters)

Publications and Presentations: (Up to 6000 characters)

Awards & Honors: (Up to 3000 characters)

Extracurricular Activities: (Up to 3000 characters)

Personal Statement: (Up to 9000 characters)

Additional Information: (Up to 1500 characters)

References

Under the Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), you have the right to access the information contained within a letter of recommendation unless you have waived such access. The National Institutes of Health (NIH) does not require you to waive your permission as a condition of admission. For each reference, your response about waiving access to each letter of recommendation is required. Your references will be given your response in the recommendation request message sent by email. See Family Educational Rights & Privacy Act.

Once you submit your completed application, an e-mail request for a letter of recommendation will automatically be sent to each of the following individuals:

Reference 1:

Name: Mr. ⬍   First   Last

E-mail: ● Format: user@server.com

Waive Access: ○ Yes ○ No ●

Reference 2:

Name: [Mr. ▼] [_____] [_____] ●
          Prefix   First   Last

E-mail: [_____] ● Format: user@server.com

Waive Access: ○ Yes ○ No ●

Reference 3:

Name: [Mr. ▼] [_____] [_____] ●
          Prefix   First   Last

E-mail: [_____] ● Format: user@server.com

Waive Access: ○ Yes ○ No ●

How did you hear about this program? (Please select all that apply.)

☐ Ad in a scientific journal (Nature, Science); please specify: [_____]

☐ Ad in a student journal; please specify: [_____]

☐ Ad in a meeting program

☐ Exhibit at a meeting; please specify: [_____]

☐ Career development/opportunities workshop

☐ Flier

☐ Poster

☐ From a mentor or advisor

☐ From an alumnus/alumna of the program

☐ NIH representative visited school

☐ Web search

☐ Other; please specify: [_____]

Notice to all applicants:

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

(Save Partial Application & Quit) (Preview Completed Application)

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GRADUATE PARTNERSHIP PROGRAM
LETTER OF RECOMMENDATION FOR {VARAPPLICANTNAME}

OMB No. 0925-0299
Expiration Date 3/31/2014
Respondent Burden

Instructions:
- Please complete the form and click on the button below to submit your evaluation and letter of reference.
- We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.

● Indicates a required field.

Evaluation Form

Length: How long have you known the applicant?
[▲▼] ●

Capacity: In what capacity have you known the applicant?
[   ] ●

The evaluation form asks for your assessment on several aspects using the following rating system.
- 5 = Exceptional – Top 1%
- 4 = Excellent – Top 10%
- 3 = Above Average – Top 25%
- 2 = Average – Top 50%
- 1 = Below Average – Bottom 50%

Note:

Overall Impression:
○5 ○4 ○3 ○2 ○1

Intelligence:	**Writing Ability:**	**Initiative:**
○5 ○4 ○3 ○2 ○1	○5 ○4 ○3 ○2 ○1	○5 ○4 ○3 ○2 ○1
Analytical Ability:	**Interpersonal Skills:**	**Honesty:**
○5 ○4 ○3 ○2 ○1	○5 ○4 ○3 ○2 ○1	○5 ○4 ○3 ○2 ○1
Research Ability:	**Motivation:**	**Knowledge of Field:**
○5 ○4 ○3 ○2 ○1	○5 ○4 ○3 ○2 ○1	○5 ○4 ○3 ○2 ○1

Verbal Ability:	Confidence:	Maturity:
○5 ○4 ○3 ○2 ○1	○5 ○4 ○3 ○2 ○1	○5 ○4 ○3 ○2 ○1

Recommendation Letter

Please **copy and paste your letter of reference into the boxed area below.** Please include your name, academic rank, department and institution in your signature block.

Submit

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RESPONDENT BURDEN

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Statement for Applicants/Registrants
Public reporting burden for this collection of information is estimated to average 60-minutes per submission, including the time for reviewing instructions, frequently asked questions, and entering data in the form fields. 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.

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. 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.

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PRIVACY ACT NOTIFICATION STATEMENT
MESSAGE

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The primary use of information collected via the Office of Intramural Training and Education (OITE) online forms is to evaluate an applicant's qualifications for research training at the National Institutes of Health (NIH). Information may be used during admission consideration; in preparing appointment paperwork; and to provide data for training program evaluation. Information will be disclosed to investigators, members of advisory committees, OITE staff, and contractors working on our behalf. 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 the OITE to process an application, the applicant must complete the required fields.

The legal authority granted to NIH to train future biomedical scientists comes from several sources. Title 42 of the U.S. Code, Sections 241 and 282(b)(13) authorize the Director, NIH, to conduct and support research training for which fellowship support is not provided under Part 487 of the Public Health Service (PHS) Act (i.e., National Research Service Awards), and that is not residency training of physicians or other health professionals. Sections 405(b)(1)(C) of the PHS Act and 42 U.S.C. Sections 284(b)(1)(C) and 285-287 grant this same authority to the Director of each of the Institutes/Centers at NIH.

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