

NIH VISIT WEEK

OMB No. 0925-0299

Expiration Date: August 31, 2016

Respondent Burden -

https://www2.training.nih.gov/apps/messages/programs/formsV2/resburden.aspx

Below is the application for the NIH Visit Week. This application must be completed and submitted by March 1, 2015. Before submitting, carefully review your information to ensure accuracy, especially contact information. Once the application is submitted, your reference will receive an email with instructions on electronically submitting the recommendation letter. We encourage you to follow-up with your reference to ensure the recommendation request was received. It is your responsibility to ensure the letter of recommendation is submitted by the reference deadline – March 15, 2015.

Please contact Dr. Erika Barr (Erika.Barr@nih.gov) if you have any questions or concerns.

PERSONAL INFORMATION
Title: *
*
First Name (Given Name):*
Last Name (Family Name):*
CONTACT INFORMATION
E-mail Address:*
(check accuracy)
(circer accuracy)
Phone Number:
Address Line 1:
Address Line 2:

City:

State:
†
Zip Code:
ACADEMIO INICODMATION
ACADEMIC INFORMATION School Name:
(complete name, no acronyms)
(complete name, no acronyms)
School State:
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Current Education Level:
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Academic Major:
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REFERENCE INFORMATION
Reference Title:*
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Reference First Name (Given Name):*
Reference Last Name (Family Name):*
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Reference E-mail Address:*
(check accuracy)
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Reference Phone Number:

EDUCATIONAL HISTORY AND GOALS

Describe your career, educational goals, and motivation for attending NIH visit week.

The NIH is committe	ed to maintaining its stature as a premiere research institution by	
building an inclusive	e workforce, fostering an environment that respects the individual, and	
offering an opportur	nity for each person to develop his or her full potential in the pursuit	
and support of scier	nce. We welcome trainees of all genders, races, ethnicities, physical	
	economic backgrounds.	
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