NIH VISIT WEEK

OMB No. 0925–0299
Expiration Date: August 31, 2016
Respondent Burden

Below is the application for the NIH Visit Week. This application must be completed and submitted by DATE. 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 – DATE.

PERSONAL INFORMATION

Title: *

First Name (Given Name):*

Last Name (Family Name):*

CONTACT INFORMATION

E-mail Address:*
(check accuracy)

Phone Number:

Address Line 1:

Address Line 2:

[   ]

City:

[   ]

State:

[▼]

Zip Code:

[   ]

ACADEMIC INFORMATION

School Name:

(complete name, no acronyms)

[   ]

School State:

[▼]

Current Education Level:

[▼]

Academic Major:

[   ]

REFERENCE INFORMATION

Reference Title:*

[▼]

Reference First Name (Given Name):*

[   ]

Reference Last Name (Family Name):*

[   ]

Reference E-mail Address:*

(check accuracy)

[   ]

Reference Phone Number:

[_____]

EDUCATIONAL HISTORY AND GOALS

Your Affiliation:

[_____ ▼]

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

The NIH is committed to maintaining its stature as a premiere research institution by building an inclusive workforce, fostering an environment that respects the individual, and offering an opportunity for each person to develop his or her full potential in the pursuit and support of science. We welcome trainees of all genders, races, ethnicities, physical abilities, and socioeconomic backgrounds.

[_____]

Provide a brief list of your research interests, example: particular disease, condition, etc...

(limit 150 character, including spaces)

[_____]

| Submit Survey | Cancel |