

NIH ACADEMY

OMB No. 0925-0299

Expiration Date: 08/31/2016

[Respondent Burden](#)

Applicants to the NIH Academy must meet one of the following criteria before completing this form:

- I have accepted a position and already started my training at NIH.
- I have accepted a position at NIH, but haven't begun my training.
- I do not yet have a position at NIH, but have completed the Postbaccalaureate Training Program application.

Indicate your current status:

First Name (Given Name):

Last Name (Family Name):

NIH or University E-mail Address:

(check accuracy)

Permanent E-mail Address:

(check accuracy)

Institute-Center:

Which NIH Campus will you be performing your post-baccalaureate research training?:

What is your projected arrival date?:

(format: June 2015)

Program of Interest:

Would you like to be considered for the NIH Academy Enrichment Program?:

Yes No

Letter of Interest:

(Limit the size of your letter to no more than two-pages single spaced.)

Submit Survey

Cancel

