



home for prospective applicants

GRADUATE PARTNERSHIPS PROGRAM

MY CONTACT INFORMATION

OMB No. 0925-0299

Expiration Date 06/30/2022

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:	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Prefix	First	MI	Last
Email Address:	<input type="text"/>			
Permanent Home Phone:	<input type="text"/>			
Permanent Address:	<input type="text"/>			
Address Line 2:	<input type="text"/>			
City:	<input type="text"/>			
State:	<input type="text"/>			
	(Use DC for District of Columbia and NA if your permanent address is not in the U.S.)			
Zip/Postal Code:	<input type="text"/>			
Country/Region:	<input type="text" value="United States"/>			
Citizenship Status:	<input type="text" value="US Citizen"/>			

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 60 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.

GRADUATE PARTNERSHIPS PROGRAM

REGISTRATION FORM (SHORT FORM)

OMB Clearance Number: 0925-0299

Expiration Date: 30-June-2022

[RETURN TO MYGPP](#) | [SIGN-OFF](#)

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

Eligibility Criteria:

You must be classified as a matriculant of one of the following NIH–University Institutional Partnerships to complete the NIH/OITE Graduate Partnerships Program (GPP) Application for an Institutional Partnership.

- Individual Partnership
- Centro de Neurociencias de Valparaiso, Chile – Neuroscience / NINDS
- Charles University, Czech Republic – Biomedical Research / NICHD
- Chinese University of Hong Kong – Biomedical Research / NICHD
- Consortia of Hungarian Universities – Biomedical Research / NIAAA
- George Washington University – Epidemiology / NCI–DCEG
- Johns Hopkins University – Epidemiology / NCI–DCEG
- Karolinska Institute (Sweden) – Neuroscience
- Taipei Medical University & China Medical University – Neuroscience / NIDA
- University of Maryland, College Park – Partnership for Integrative Cancer Research / NCI
- University of Maryland, College Park – Sensory and Communication Neuroscience / NIDCD
- University of Montana – Molecular Basis for Infectious Diseases / NIAID–RML
- University of Pennsylvania – Immunology / NCI
- Wellcome Trust Program / NIH

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 email message containing instructions for accessing the online tool that allows you to review, modify, and complete your application. Save this email and follow the directions to complete your application.


Only **COMPLETE** 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.**

1. Please read the "[Graduate Partnerships Program](#)" page before beginning your online application.
2. Be sure that the email addresses you provide are accurate. Incorrect email 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.

Note: All sessions will automatically expire after 30 minutes of inactivity. To prevent losing your changes please save your application frequently or submit your application within 30 minutes.

 Indicates a required field.

Partnership

This is the NIH/OITE/GPP application for students that matriculated through one of the following NIH-University partnerships. If you are not a matriculant into one of these partnerships, do not complete this form.

Partnership Type:

Academic Information

Provide information about your PhD program and professional degree program, if applicable.

PhD Degree Academic Information

This section is required.

College/University Name:

Start Date:

Anticipated Graduation Date:

Major Field of Study:

University Mentor 1:

University Mentor 2: (if applicable)

Have you been awarded or are you currently working towards an MD, DDS, DVM, or RN degree?

Yes No

NIH Training Information

The information required below is about the NIH Investigator for dissertation research and NOT the University Professor.

NIH Institute-Center:

NIH Mentor 1: (Tenured / Tenure-Track NIH Investigator)

NIH Mentor 2: (if applicable)

Start Date at NIH as a Graduate Student:

Anticipated Duration of Training:

NIH Administrative Officer:

Additional Information

Please enter any additional information. (Up to 1500 characters)

Please do not place hard returns at the end of each line – it is only necessary at the end of paragraphs. The open text fields are designed to automatically wrap text.

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 or provided during an interview may be grounds for denying your candidacy or removing you from the program.

Failure to wait for the confirmation webpage will result in an unsuccessful upload. Please be patient.

[Save Partial Application & Quit](#) [Preview Completed Application](#)

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

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.