

NATIONAL INSTITUTES OF HEALTH | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

...i home ...i 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).

Partnerships Program (GPP).		
Name:	Select 🗘 Prefix First	MI Last
Email Address:		•
Permanent Home Phone:	•	
Permanent Address:		•
Address Line 2:		
City:		•
State:		
	(Use <b>DC</b> for District of Columbia and <b>N</b>	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







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.

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# **GRADUATE PARTNERSHIPS PROGRAM**

MODIFY APPLICATION (LONG FORM) TOOL

OMB Clearance Number: 0925-0299 Expiration Date: 30-June-2022 RETURN TO 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. Specifically, you must

- be a US citizen or US permanent resident, no exceptions
- either have or anticipate having at least a bachelor degree by Fall Admission
- be requesting admission into one or more of the following NIH-University Institutional Partnerships
  - Brown University Neuroscience
  - Georgetown University Biomedical Sciences
  - Johns Hopkins University Cell, Molecular, Developmental Biology & Biophysics
  - Karolinska Institutet (Sweden) Neuroscience
  - University College London (England) Neuroscience / NIMH
  - 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

#### Deadlines:

Your GPP application must be COMPLETED by MONDAY, DECEMBER 3, 2018 at 11:59pm ET. Be sure to submit any required University application materials to the Universities by their deadlines. Details about required applications, deadlines, and other admission process items can be found at the following OITE website: <a href="https://www.training.nih.gov/programs/gpp/InstitutionalPartnerships">https://www.training.nih.gov/programs/gpp/InstitutionalPartnerships</a>.

Your references must submit their letters of recommendation (LoR) by FRIDAY, DECEMBER 7, 2018 at 11:59pm ET. Your application will be considered FINISHED when all letters of recommendation have been received. You will not receive an email message about the FINISHED status; instead, you should track the arrival of your letters of recommendation on your own by logging into the application system.

## **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.
- Recommendation letters must be received directly from your references, no exceptions.

Only **completed** applications are available for review by NIH investigators and administrators; partial applications are **not** accessible. 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 application
- 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 application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
- 5. Letters of recommendation requests are submitted immediately to your references upon saving of a partial application or submission of a complete application, whichever may be first.
- 6. All letters must be received directly from your references through our online system, no exceptions. Letters from a service center are not acceptable nor are submissions outside the online system. There will be no exceptions.

**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.

# **Mandatory Fields** You must enter your partnership selections and reference information if you wish to start an application. Partnership Selection: Select all the NIH-University Institutional Partnerships for which you wish to be considered in order of preference. Your preference order will be shared with the admission committees. We strongly encourage you to review the specific partnership descriptions to ensure partnership eligibility and appropriate match to your research interests. Careful selection of the partnerships for admission consideration indicates you are making an informed decision about your graduate education, thereby strengthening your application. Brown University - Neuroscience Georgetown University - Biomedical Sciences Johns Hopkins University - Cell, Molecular, Developmental Biology & Biophysics Karolinska Institutet (Sweden) - Neuroscience University College London (England) - Neuroscience / NIMH 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 Clear All Remove

References

contained within a letter of re require you to waive your per	ecommendation rmission as a required. You	on unless you have waived such condition of admission. For eac r references will be given your r	access h refere	3–380), you have the right to access the information. The National Institutes of Health (NIH) does not ence, your response about waiving access to each e in the recommendation request message sent by
Reference 1:				
Name:	Mr. 🗘			
	Prefix	First	Last	
Email:				● Format: user@server.com
Waive Access:	O Ves O No.	•		
waive Access.	O Tes No	•		
A request for letter of recom	mendation w	as last sent to caivswagner@gm	ail.com	on 8/29/2018 8:12:35 PM.
Resend Email – If this is corecommendation.	hecked an en	nail will be automatically sent to	this re	ference requesting an online letter of
Reference 2:				
Name:	Mr. 🗘			•
	Prefix	First	Last	
Email:				Format: user@server.com
Waive Access:	• Yes No	•		
A request for letter of recom	mendation w	as last sent to richardwagner76	0@gma	il.com on 8/29/2018 8:12:35 PM.
Resend Email – If this is c recommendation.	hecked an en	nail will be automatically sent to	this re	ference requesting an online letter of
Reference 3:				
Name:	Dr. 🗘		ſ	•
	Prefix	First	Last	,
Email:				Format: user@server.com
Waive Access:	• Yes No	•		-
	0,110.11			
A request for letter of recom	mendation w	as last sent to wagnermprc@gm	ail.com	on 8/29/2018 8:12:35 PM.
Resend Email – If this is c recommendation.	hecked an en	nail will be automatically sent to	this re	ference requesting an online letter of

# **Academic Information**

Indicate which degree program or programs you will be reporting in your application: PhD degree; MD or DDS or DVM or RN degree; MS degree; BS degree; AA degree; or non-degree program. Each degree program selected will generate in a block of fields associated

with that program. Be sure to include all of your educational history. Failure to do so may be grounds for dismissal. You must provide a complete history of all academic courses and grades you have taken and are currently taking. Be certain to reformat your transcript information as directed, else the admission committee will have difficulty understanding and assessing your academic experience and strengths. Updated information about your courses and grades will not be accepted after the application deadline. The GPP does not require official transcripts at this phase of the admission process. Students that matriculate will be required to submit official transcripts for the appointment process. Transcripts will be carefully compared to the contents of your application to ensure accuracy in self-reporting. Failure to report all courses and grades accurately is grounds for immediate dismissal from the program. ▼ 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: (month/ year) **Anticipated Graduation Date:** ٥][ (month/ year) **Current Cumulative GPA:** ۵) 🍥 **GPA Scale (Maximum Value):** 0 Coursework and Grades: (Up to 15,000 characters) How to format 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. 0 Degree Program: College or University Name: Major Field of Study: 0 Start Date: (month/ year) ٥) **Anticipated Graduation Date:** (month/ year) ۵) 🍥 **Cumulative GPA:** GPA Scale (Maximum Value): 0 👅 MD or DDS or DVM or RN **Coursework and Grades:** (Up to 15,000 characters)

How to format coursework and grades?				
			<i>//</i> •	
Master Academic Information				
College/University Name:			•	
Major Field of Study:			•	
Start Date:	•	(month/ year) 🥌		
Anticipated Graduation Date:		(month/ year) 🧶		
Current Cumulative GPA:	•			
GPA Scale (Maximum Value):	\$ ●			
Coursework and Grades: (Up to 15,000 characters)				
How to format coursework and grades?				
			<i>a</i>	
Bachelor Academic Information				
College/University Name			•	
College/University Name:			•	
Major Field of Study:	•	(month/ year)	•	
		(month/ year) •	•	
Major Field of Study: Start Date:		(month/ year) (month/ year)	•	
Major Field of Study: Start Date: Anticipated Graduation Date:	•			
Major Field of Study:  Start Date:  Anticipated Graduation Date:  Current Cumulative GPA:  GPA Scale (Maximum Value):  Coursework and Grades:	•			
Major Field of Study:  Start Date:  Anticipated Graduation Date:  Current Cumulative GPA:  GPA Scale (Maximum Value):  Coursework and Grades: (Up to 15,000 characters)	•			
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Major Field of Study:  Start Date:  Anticipated Graduation Date:  Current Cumulative GPA:  GPA Scale (Maximum Value):  Coursework and Grades: (Up to 15,000 characters)	•			
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Major Field of Study:  Start Date:  Anticipated Graduation Date:  Current Cumulative GPA:  GPA Scale (Maximum Value):  Coursework and Grades: (Up to 15,000 characters)  How to format coursework and grades?	•			
Major Field of Study:  Start Date:  Anticipated Graduation Date:  Current Cumulative GPA:  GPA Scale (Maximum Value):  Coursework and Grades: (Up to 15,000 characters)  How to format coursework and grades?	•			
Major Field of Study:  Start Date:  Anticipated Graduation Date:  Current Cumulative GPA:  GPA Scale (Maximum Value):  Coursework and Grades: (Up to 15,000 characters)  How to format coursework and grades?  Associates Degree Academic Information  College/University Name:				

Current Cumulative GPA:	
GPA Scale (Maximum Value):	•
Coursework and Grades: (Up to 15,000 characters)	
How to format coursework and grades?	
Non-Degree Academic Information	
College/University Name:	•
Major Field of Study:	•
Start Date:	(month/ year)
Anticipated Graduation Date:	\$ (month/ year) ●
Current Cumulative GPA:	• •
GPA Scale (Maximum Value):	<b>○</b> •
Coursework and Grades: (Up to 15,000 characters)	
How to format coursework and grades?	
Standardized Examinations	
	your application to be considered for admission. Note: A few partnerships may accept Please check with the specific partnerships for more information.
Enter both scores and percentiles for any of t Test, MCAT Test.	he following standardized examinations you have taken: GRE General Test, GRE Subject
will be required to submit official reports for	d examination reports at this phase of the admission process. Students that matriculate the appointment process. Reports will be carefully compared to the contents of your ng. Failure to report all scores accurately is grounds for immediate dismissal from the
Graduate Record Examination (GRE)	
If you have taken the GRE General Test more	than once, consider the following option for reporting your scores.
	re for each section and set the examination date to Dec-1999. The Dec-1999 date will results are from multiple examinations. Then, and this is critical, itemize the dates and Information section.
Examination Date:	(month/ year)
Verbal Reasoning:	c) / (score/ percentile)
Quantitative Reasoning:	c (score/ percentile)

Analytical Writing:	\$\frac{1}{\infty} \text{(score/ percentile)}
GRE Subject Examination (if applicable)	
Examination Date:	◆ / (month/ year)
Examination Taken:	
Subject Score:	\$\frac{1}{\sigma}\$ (score/ percentile)
M II 16 II AL	
Medical College Admission Test (MCAT)	nce, consider the following option for reporting your scores.
In the space provided, include your best sco	re for each section and set the examination date to December-1999. This date in alert
the admission committee members the displ dates and scores of each examination in the	ayed results are from multiple examinations. Then, and this is critical, itemize the Additional Information section.
Examination Date:	(month/ year)
Pre-2015 Format	2015 Format
Verbal Reasoning: •	Chemical & Physical Foundations of Biological Systems
Physical Sciences: •	Critical Analysis and Reasoning Skills
Biological Sciences:   \$\displaystyle{\pi}\$	
Writing Sample: 🗘	Biological and Biomedical Foundations of Living Systems
	Psychological, Social, and Biological Foundations of Behaviour
AAMC Number:	(if applicable)
CVID	
CV/Resume Sections Copy and paste a plain text version of you necessary.	ur curriculum vitae or resume into the sections below. Some reformatting may be
Please do not place hard returns at the er fields are designed to automatically wrap	d of each line – it is only necessary at the end of paragraphs. The open text text.
<b>Brief Description of Your Research Interes</b> Provide a brief description of the research yo	
	<i>4</i> ●
admission committee should easily see from	al order, most recent first, providing a brief description (1–3 sentences) for each. The the information contained in your application the timeline of events in your education not exceed 1000 words. Each entry should provide the following information:
Advisor / Boss List of Activities / Experiences	

Publications and Presentations: (Up to 6000 characters) Provide the following information about each publication / presentation: Publications: Authors, Title, Journal, Volume, and Pages (inclusive) Presentations: Authors, Title, Conference / Seminar, and Year
Awards & Honors: (Up to 3000 characters) List all awards and honors received during undergraduate and / or graduate school. Do not include awards and honors received during high school.
Extracurricular Activities: (Up to 3000 characters) List major extracurricular and leadership activities during your undergraduate and / or graduate education.
Personal Statement: (Up to 9000 characters) Provide details about your motivation for pursuing an advanced degree and your future career goals. Describe important educational, research, and teaching experiences as well as how the GPP would help you achieve your goals. In addition, if you are applying to more than one NIH–University partnership, provide detailed reasons for selecting each one of the partnerships.
Additional Information: (Up to 1500 characters)  This section of the application is available for applicants that wish to provide additional information, such as an explanation of a lapse in education, academic blemish, or results from multiple standardize examination scores. Some partnerships strongly recommend or require that you include a list of NIH investigators with research interests that match your own in this section; read the descriptions of the NIH-University partnerships for details.
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 of your modifications. 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.

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