

Personal Information—(Please type or print legibly).

Instructions: A nonrefundable fee of \$70 must accompany this application. Make check or money order payable in U.S. currency to Johns Hopkins University.

Please return this form with your application fee to:

Office of Undergraduate Admissions / Johns Hopkins University / Visiting Student Admissions Coordinator / Mason Hall / 3400 N. Charles Street / Baltimore, MD 21218-2683

Year of Application:

Semester: Fall (deadline September 5) Spring (deadline January 15)

Johns Hopkins Sciences Po Exchange Program

1. Social Security number: - -

2. Name: (last) (first) (middle)

3. Permanent home address: (number and street)

(city) (state) (zip)

4. Current mailing address (if different from above): (number and street) **Current mailing address good until:**

(city) (state) (zip)

5. Home phone: (area code) (number) - - **Current phone (if different):** (area code) (number) - -

6. E-mail address: **Fax number:**

7. Citizenship (check one):
 U.S. citizen
 Permanent resident (ARN and country of citizenship): _____
 Other citizenship (country of citizenship and city of birth): _____

8. Date of birth: - -
 mo. day year

9. Gender: Male Female

10. Parents or guardian (if applicable): _____

11. Secondary school (from which you will graduate or have graduated): (school name) _____
 (city and state of school) _____ (date of graduation) _____

12. Have you enrolled or are you currently enrolled in another college or university prior to application at Johns Hopkins? Yes No

_____ dates: _____ - _____ part-time full-time _____
(college) (from) (to) (degree)

_____ dates: _____ - _____ part-time full-time _____
(college) (from) (to) (degree)

contact person: _____ telephone number (of contact person): _____ - _____ - _____
(area code) (number)

address: _____ city: _____ state: _____ zip: _____

12a. For international students only:

TOEFL paper computer iBT
Score **TWE** **Date** (month, day, year)

_____ - _____ - _____

Do you have family or friends already in the United States who could be contacted for references or in case of an emergency? Yes No

name: _____

phone: _____ - _____ - _____ e-mail: _____
(area code) (number)

Have you ever visited the United States? Yes No

Who may be contacted at your school on your behalf? name: _____

phone: _____ - _____ - _____ e-mail: _____
(area code) (number)

13. Have you previously applied to any division of Johns Hopkins? Yes No

_____ (division) (year of application) (dates of attendance, if applicable)

Enrolled in a degree program Attended as a non-degree special student

14. Are you currently employed by Johns Hopkins University or the Johns Hopkins medical system? Yes No

If yes, division/department: _____

15. Members of your immediate family who have attended or been employed by Johns Hopkins:

_____ (name) (relationship to applicant) (dates of attendance/employment) (degree/position)

_____ (name) (relationship to applicant) (dates of attendance/employment) (degree/position)

16. If admitted, do you intend to return for a second semester as a visiting student? Yes No

17. What is your vocational or professional objective? (Attach an additional sheet if necessary.)

18. State briefly why you wish to enter Johns Hopkins as a visiting student. (Attach an additional sheet if necessary.)

19. List the complete program of study you plan as a visiting student, including alternate courses. Give course number and title as it appears in the catalog. Your application *cannot* be processed without this information.

| # | School (A&S or ENG) | Dept. No. | Course No. | Section No. | Descriptive Course Title |
|----|---------------------|-----------|------------|-------------|--------------------------|
| 1 | | | | | |
| 2 | | | | | |
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| 4 | | | | | |
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| 6 | | | | | |
| A1 | | | | | |
| A2 | | | | | |
| A3 | | | | | |
| A4 | | | | | |

My signature below indicates all of the information in my application is factually correct and honestly presented. I acknowledge that this application and all required credentials submitted to the Office of Undergraduate Admissions, including high school and college reports and all transcripts, are confidential items and are not to be released to anyone except as allowed by applicable law. I recognize that the university reserves the right to deny admission to applicants even if they have met the minimum requirements for admission.

Applicant's signature: _____

Date: _____

Johns Hopkins University is committed to recruiting, supporting, and fostering a diverse community of outstanding faculty, staff, and students. As such, Johns Hopkins does not discriminate on the basis of gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity or expression, veteran status, or other legally protected characteristic in any student program or activity administered by the university or with regard to admission or employment. Defense Department discrimination in ROTC programs on the basis of sexual orientation conflicts with this university policy. The university continues its ROTC program, but encourages a change in the Defense Department Policy.

Questions regarding Title VI, Title IX, and Section 504 should be referred to the Office of Institutional Equity, 130 Garland Hall, Telephone: (410) 516-8075, TTY: (410) 516-6225.