



JOHNS HOPKINS
UNIVERSITY

POST-BACCALAUREATE PREMEDICAL PROGRAM

Signature and Payment Form
Application Year 2016-2017

Applicant Name (Printed)

This form must be printed, signed by the applicant, and mailed to the Johns Hopkins Post-Baccalaureate Premedical Program Office at the following address:

Post-Baccalaureate Premedical Program
Johns Hopkins University
Wyman S715
3400 N. Charles Street
Baltimore, MD 21218

A non-refundable check or money order must be included to pay the application fee of \$75. Please return the fee with this form, and make your check or money order payable to “The Johns Hopkins University.”

The applicant must read, sign and date the following statement:

I understand that my application will not be considered until all items listed in the “Application Instructions” have been received. It is my responsibility to be sure that these items are received by the Post-Baccalaureate Premedical Program Office. I must inform this Office of any changes to my mailing and e-mail addresses and telephone numbers. I also understand that the Post-Baccalaureate Premedical Program reserves the right to request additional information from applicants, if needed, to assess their candidacy for admission.

My signature to this statement certifies that all of the information contained in my application is factually correct, honestly presented, and contains no significant omissions. If at a later date it becomes clear that this is not so, I agree that Johns Hopkins University may revoke any offer of admission it makes to me or dismiss me from the University.

I am aware that admission to the Post-Baccalaureate Premedical Program does not constitute admission to a degree program. In order to receive the post-baccalaureate certificate and a Premedical Committee Letter of Evaluation, I must successfully complete a minimum of 24 approved credits, be enrolled full time through fall and spring semesters, attend a minimum of 80% of program meetings and workshops, earn at least a 3.40 cumulative Hopkins GPA, and meet required deadlines.

If I am admitted to study at Johns Hopkins University, I agree that I will honor the University’s academic and ethical standards and that I will abide by all requirements established by the University concerning academic progress, health, and conduct. I agree that the University may dismiss any Post-Baccalaureate Premedical student whose academic standing is lower than a 2.5 semester Hopkins GPA or who does not enroll in all courses as determined by the Program, or whose conduct jeopardizes the community or is otherwise unacceptable.

Signature _____ Date _____