Acknowledgement Form
Application Year 2018-2019

___________________________________________
Applicant Name (Printed)

This form must be printed, signed by the applicant, and scanned and emailed to postbac@jhu.edu or mailed to:

Post-Baccalaureate Premedical Program
Johns Hopkins University
3400 North Charles Street
Wyman s715
Baltimore, MD  21218

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

I understand that my application will not be considered until all required 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 by the deadline. 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 application 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, successfully complete one Medical Tutorial and the course Introduction to Clinical Medicine, attend a minimum of 80% of program meetings and workshops, attend mandatory advising meetings, earn a minimum 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 student whose academic standing is lower than a 2.5 grade-point-average, or who does not enroll in all courses as determined by the Program, or whose conduct jeopardizes the community or is otherwise unacceptable.

Applicant’s Signature:__________________________________________  Date:__________________