

APPLICANT PERSONAL INFORMATION:

1. First Name: _____
2. Last Name: _____
3. Date of Birth: _____
4. Gender: _____
5. Country of Citizenship: _____
6. US Issued Social Security Number: _____

EMPLOYER INFORMATION:

7. Employer: _____
8. Department: _____
9. Title: _____

ADDRESS INFORMATION

10. Email Address: _____
11. Street Address: _____
City: _____ State: _____ Zip: _____
County (information is required if resident of Maryland): _____
12. Cell Phone: _____

EQUAL OPPORTUNITY AND DISABILITY:

EQUAL OPPORTUNITY

The Johns Hopkins University does not discriminate on the basis of gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, religion, sexual orientation, veteran status, or other legally protected characteristics in any student program or activity administered by the University.

DISABILITY ACCESS STATEMENT

The University complies fully with the legal requirements of the ADA and the rules and regulations thereof.

The University provides appropriate, necessary and reasonable accommodations to qualified students, faculty and staff who are disabled. Visit www.jhsph.edu/Student_Affairs/disability For complete information on the School's Disability Support Services, or contact the Director of Disability Support at 410-955-3034 or jhsph.dss@jhu.edu.

PAYMENT INFORMATION:

Payment for your course enrollment is due at the time of registration. The University accepts four major credit cards: MasterCard, Visa, American Express and Discover. A student who submits a credit card payment that is declined will be assessed a \$25.00.

The Office of Continuing Education will contact you via email once you have been registered for your class(es) instructing you to make payment through our student billing self-service website <https://isis.jhu.edu/> . If you have any questions please feel free to contact Continuing Education at JHSPH.cess@jhu.edu.

Other Payment Options:

_____ JHU Tuition Remission Benefit Form (must be attached).

_____ Third-Party (outside organizations paying tuition) for **Non-Credit** classes. Must provide letter of authorization on company letterhead (must be attached).

_____ Third-Party (outside organizations paying tuition) for **Academic Credit** classes. Please visit <https://studentaffairs.jhu.edu/third-party/> for submitting authorization letter.

_____ Division/Department payment via budget number for current SOM Fellows.
IO # _____ and Fund # _____

You may also [contact the Office of Continuing Education \(https://www.jhsph.edu/academics/continuing-and-executive-education/contact-continuing-education/index.html\)](https://www.jhsph.edu/academics/continuing-and-executive-education/contact-continuing-education/index.html) for more information regarding payment. Please contact kmccarthy@jhu.edu for questions regarding the course or registration.