

Non-Credit Application

390.750 – Introduction to Clinical Research

APPLICANT PERSONAL INFORMATION:

1.	First Name:		-	
2.	Last Name:		_	
3.	Date of Birth:		-	
4.	Gender:		_	
5.	Country of Citizenship:		_	
6.	US Issued Social Security Num	ber:	_	
EMPLOYER INFORMATION:				
7.	Employer:			
8.	Department:			
9.	Title:			
<u>ADDRI</u>	ESS INFORMATION			
10	Email Address:		_	
11.	Street Address:			
	City:	_State:	Zip:	
	County (information is require	ed if resident of Maryland):		
12.	Cell Phone:			



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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:

Credit Card 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.

Card Number:				
Exp. Date (MM/YY):	Amount:			
Cardholder Name:				
Signature:	Date:			
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).				
	ons paying tuition) for <u>Academic Credit</u> classes. Please -party/ for submitting authorization letter.			

You may also <u>contact the Office of Continuing Education</u> (https://www.jhsph.edu/academics/continuing-and-executive-education/contact-continuing-education/index.html) for more information.