

## **CRITERIA FOR VISITING STUDENTS**

These are students who have been invited from other high schools and universities to work at Johns Hopkins University and who meet specific criteria. As such, they must adhere to the same rules/policies that apply to all JHU students.

The criteria are:

- 1) Registered in a full time program at a high school or university (other than Johns Hopkins University) during the normal academic year (excluding summer), and
- 2) Followed a faculty member to Johns Hopkins University in order to complete their research or degree requirements,

**OR**

Responded to a JHU student internship/research position advertisement submitted to their college or university. This student internship/research position must require the student to have a specific major or must complement the student's academic focus,

**OR**

Have been selected to participate in a summer program or formal outreach program operated and funded by a department in the University,

**OR**

Current high school or college student invited by a faculty member to work in his or her research lab in conjunction with the student's academic concentration, and

- 3) Received a letter of appointment or invitation

# Visiting Student Application

Today's Date:

Last Name:

First Name:

Middle Initial:

Address:

City:

State:

Zip Code

Home Telephone:

Business Telephone:

E-mail Address:

Education/Special Training:

Highest Grade Level Completed:

School's Name/Academic Major:

Proposed Start Date:

Proposed End Date:

Are you at least 18 years of age?

Yes No

Parent's/Guardian's Name (if under 18 yo):

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged.

Yes No

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

References:

List two people other than relatives who would be willing to serve as personal references.

NOTE: References are not mandatory if submitting school recommendation forms unless requested by the department supervisor.

1. Name  
Telephone Number  
Street Address  
City State Zip Code  
E-mail Address
  
2. Name  
Telephone Number  
Street Address  
City State Zip Code  
E-mail Address

Emergency Contact:

In the event of an emergency, please list the person you would want notified.

Name

Relationship

Home Telephone Number

Business Telephone Number

Cellular Phone Number

Statement of Understanding:

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I understand that if I am under the age of 18 years of age and/or attending high school I will need parental consent.

I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Visiting high school students must submit two letters of recommendation from their school \*\*\***