

Department of Surgery
Johns Hopkins Surgery Center for Outcomes Research (JSCOR)
Surgical Faculty Mentoring Program for
Bloomberg School of Public Health Students
APPLICATION

Submit Completed Application to:

Bin You, JSCOR Program Administrator at byou1@jh.edu

CONTACT INFORMATION:

NAME (LAST, FIRST, MI): _____

JHED ID: _____ EMAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE/CELL: _____

DEGREE PROGRAM (MPH, MHS, PhD, etc.):

CONCENTRATION (IF ANY): _____

EXPECTED DATE OF GRADUATION: ____ / ____ / _____

EDUCATION:

INSTITUTION	MAJOR/DEGREE	ATTENDED OR GRAD DATE

RESIDENCY PROGRAM (IF APPLICABLE):

RESEARCH INTERESTS:

Do you have an interest in a surgical specialty? NO YES

If yes, what is your area of interest?

Do you have an idea of what your capstone project will be? NO YES

If yes, what is the draft title of your capstone project?

Have you already identified a mentor you are interested in working with, in the Department of Surgery? NO YES

If yes, Faculty name: _____

List previous research work experience (if any):

PERSONAL STATEMENT