

MedImmune Scholars Program

Supervisor Information

* required items

Last Name

First Name

Email

Phone

JHU Division

**Affiliated
Graduate
Program(s)**

Briefly describe research interests pursued by your lab and their potential relevance to cardiovascular, renal, and/or metabolic diseases (1000 character limit)

Briefly describe a potential Ph.D. thesis project you can envision for a MedImmune scholar in your lab (1000 character limit)

Student Information (Optional)

List any current graduate students in your lab that can be potentially considered for the program

Student 1

Last Name

First Name

**Graduate
Program**

JHED ID

Student 2

Last Name

First Name

**Graduate
Program**

JHED ID

Student 3

Last Name

First Name

**Graduate
Program**

JHED ID

The completed form can be mailed to JHDD@jhmi.edu as an attachment together with your NIH-format biosketch