

# MedImmune Scholars Program

## Supervisor Information

\* required items

**Last Name**

**First Name**

**Email**

**Phone**

**JHU Division**

**Affiliated  
Graduate  
Program(s)**

### Potential Area of Collaboration

Briefly describe research interests pursued by your lab and their potential relevance to the area of research at MedImmune selected above (1000 character limit)

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

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## 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**

**Submit the completed form and your NIH-format biosketch as attachments to [JHDD@JHMI.EDU](mailto:JHDD@JHMI.EDU)**