



**BIOMEDICAL INFORMATICS** SPONSORED BY THE NATIONAL LIBRARY OF MEDICINE  
May 30 – June 6, 2010 and again, September 19 – September 26, 2010  
Admissions Application Form – Deadline: **January 20, 2010**

Family Name: \_\_\_\_\_ First or Given Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Please indicate preferred salutation:  Mr.  Ms.  Miss  Mrs.  Dr.

Are you a U.S. Citizen or Perm. Resident of the U.S.?  Yes  No If no, Country of Citizenship \_\_\_\_\_

**INSTITUTION ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Best Mailing Address:**  Institution  Home

**CURRENT PROFESSIONAL INFORMATION**

Primary Institutional Affiliation: \_\_\_\_\_

Professional Status:  Graduate (specify expected degree: \_\_\_\_\_)  Postdoctoral (degree year: \_\_\_\_\_)

- Faculty  Principal Investigator  Facilities Manager  Technician  Librarian  Library Administrator  
 Hospital Administrator  Practicing Physician  Other (specify: \_\_\_\_\_)

How did you learn about this course? \_\_\_\_\_

If you have previously applied to or attended an MBL course, please name the course and year:  
\_\_\_\_\_

**OPTIONAL INFORMATION**

Gender :  Male  Female

If you are a member of an under-represented minority in science, please indicate below:  
(for U.S. Citizens and Permanent Residents only):  African American  Hispanic  Native American

**REQUIRED ATTACHMENTS**

- **Provide a statement of your reasons for wanting to take this course.** Describe information obtained in this course that will be important for your work or research program.
- **Provide a brief statement of your previous experience** with the subject matter of this course.
- **Enclose a copy of your curriculum vitae.**

I am applying for the following session:  SPRING  FALL  EITHER

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

Return to: Carol Hamel, Admissions Coordinator, Marine Biological Laboratory, 7 MBL Street, Woods Hole, MA 02543-1015.