



BIOMEDICAL INFORMATICS SPONSORED BY THE NATIONAL LIBRARY OF MEDICINE
June 1 – June 8, 2008 and again, September 21 – September 28, 2008
Admissions Application Form – Deadline: **January 17, 2008**

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.