JOHNS HOPKINS
MEDICINE
SCHOOL OF MEDICINE

EXTRACURRICULAR ACTIVITY REQUEST FORM

POSTDOCTORAL RESEARCH FELLOWS

POSTDOCTORAL RESEARCH FELLOW: _____

DEPARTMENT: _____

FACULTY MENTOR: _____

Are you supported on a T32 grant? ☐ YES ☐ NO

1. Description of proposed extracurricular activity:

2. Location of this activity:

3. Dates of proposed activity: Start date _____ End Date _____ Approx. hours/week _____
(not to exceed end of current academic year)

4. Supervisor of the proposed activity: _____

5. I understand that the person listed in Paragraph 4 above must sign this Extracurricular Activity Request form before I may submit it for consideration by the Faculty Mentor and the Associate Dean.

6. I confirm that my role in this activity does not involve patient care or other clinical responsibilities.

7. I recognize that this activity is not an approved part of my Johns Hopkins Training Program and must be approved by my Faculty Mentor and the Associate Dean prior to the start of this activity.

8. I understand that the Faculty Mentor will monitor the effect of the activities on my performance in my postdoctoral research fellowship position. I understand that the Faculty Mentor or Associate Dean may withdraw permission for an extracurricular activity at any time if they determine, at their discretion, that the activity is having an adverse effect upon my performance in my training program.

9. I understand that this activity, as well as any other extracurricular activity I pursue, must not exceed 10 hours/week in an academic year.

_____ _____
Signature of Postdoctoral Fellow Date

_____ _____
Signature of Supervisor of Activity Date

_____ _____
Signature Faculty Mentor Date

Submit completed form to PostDocAffairs@jhmi.edu for final review and approval.

_____ _____
Signature of Associate Dean Postdoctoral Affairs Date

Revised: April 2023