



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 _____
(Note: Not to exceed end of current academic year) (Note: number of hours/week not to exceed 10 hrs/week)
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