

JOHNS HOPKINS

UNIVERSITY

Engineering for Professionals
6810 Deerpath Road, Suite 100
Elkridge, MD 21075

STEM Enrollment Form

Applicant Information

First Name: _____ Last Name: _____

High School: _____ School System/District: _____

School Address: _____

Program of Study: _____ Term: _____

Phone number: _____ E-mail: _____

Signature: _____ Date: _____

Last Four Digits of SSN: _____

To Be Completed by High School Principal

Principal: By providing your signature below, you are confirming that the person noted above is a current STEM teacher at your school and has permission to be enrolled with the JHU EP graduate program.

Principal's Name: _____

Signature: _____ Date: _____

Phone number: _____ E-mail: _____

Once all parts of this form have been completed, please scan and e-mail to stem@ep.jhu.edu, fax to 410-579-8049, or mail to the address above.

Please note, a new STEM Enrollment form must be submitted prior to enrollment each semester.

*This form is not an application or registration. Please visit our webpage for application and registration information:
ep.jhu.edu/stem*