

*The Johns Hopkins University School of Medicine
Naming Initiative for the Colleges Advisory Program, 2005-2006*

Submission Form for College Name(s)

Your Name: _____ Date: _____

Contact information: e-mail: _____ Phone: _____

Your current affiliation to JHUSOM is: Student / Faculty / Alumnus / Staff / Other:

If student or alum, list your class year: _____

If faculty or staff, list your department: _____

1. What is your idea for naming the Colleges? You are welcome to identify one name or a series of names (could include a variety of topics other than people's names).

2. Include a paragraph supporting your idea: Why do you believe this/these names are the best fit for the new Colleges Program? Describe the importance of the names to the medical school and its students- now or in years past. If applicable, please include a brief historical background.

3. Describe how the proposed idea/name(s) might reflect the values and attributes that the new Colleges Program aspires to embody?

*Please e-mail or fax this form to: Tom Finucane, MD, tfinucan@jhmi.edu, tel: (410)-550-2503;
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