

INMED: NEUROSCIENCE PARTICIPANT APPLICATION



Applicant information

Last name _____ First name _____ M.I. _____

Street address _____ Apartment/Unit # _____

City _____ State _____ Zip Code _____

Date _____ Phone _____ Email _____

Education

Highest degree attained _____ Year completed _____

School: _____

Current teaching position

School where employed: _____

Grade level(s) currently teaching: _____

Subject(s) currently teaching: _____

Previous Research Experience

Do you have experience in a research lab? Yes No How long? _____ years _____ months

Briefly describe the focus of the research: _____

Interests

Why are you interested in participating in INMED: NEUROscience? _____

What do you hope to gain from participating in the INMED: NEUROscience program? _____

