



INMED: NEUROscience

PARTICIPANT APPLICATION



APPLICANT INFORMATION:

Full Name: _____ Date: _____
Last First Middle Initial

Address: _____
Box or Street Address Apartment/Unit #

City State Zip Code

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? _____

PLEASE INCLUDE THE FOLLOWING IN YOUR APPLICATION PACKET:

- Current Resume or *Curriculum Vitae*
- 2-3 Letters of Reference- these letters should be from administrators and/or colleagues who can speak to your commitment to teaching and motivation for professional learning.

Return this application, resume or CV, and letters of reference to:
University of North Dakota School of Medicine & Health Sciences
INMED ATTN: Susan Holden, E161
1301 North Columbia Rd Stop 9037
Grand Forks, ND 58202-9307

For questions about the INMED: NEUROscience program or application process, please contact Sarah Sletten.
Email: sarah.sletten@UND.edu
Phone: 701.777.4970