

FLORIDA ATLANTIC UNIVERSITY™

BRAIN INSTITUTE

SPECIFY THE ADMISSION SEMESTER AND YEAR FOR WHICH YOU ARE APPLYING: *NOTE: at this time, the Graduate Neuroscience Training Program and its affiliated degree programs only admit students during the fall semester of each year. Please complete your application well in advance of the deadline to avoid uploading problems.

Fall 2021

▼ USER INFORMATION		
Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
FAU STUDENT ID (Z NUMBER), IF KNOWN: Z	Gender	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
International Postal Code	Country	
<input type="text"/>	<input type="text"/>	
Email Address	Primary Phone	
<input type="text"/>	<input type="text"/>	
Country of Birth	Country of Permanent Residency	
<input type="text"/>	<input type="text"/>	
What is your ethnicity? Please check one.	What is your race? Please check one or more that apply.	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	
<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Black	
	<input type="checkbox"/> Hawaiian or Pacific Islander	
	<input type="checkbox"/> American Indian or Alaskan Native	
	<input type="checkbox"/> White or Caucasian	

▼ RESEARCH INTERESTS

Please indicate your area(s) of research interest by checking up to 5 of the topic areas below

- | | |
|--|--|
| <input type="checkbox"/> Neuroanatomy | <input type="checkbox"/> Neurochemistry |
| <input type="checkbox"/> Neuroimmunology | <input type="checkbox"/> Neurogenetics |
| <input type="checkbox"/> Neuropathology | <input type="checkbox"/> Neuropharmacology |
| <input type="checkbox"/> Neurophysiology | <input type="checkbox"/> Autonomic Neuroscience |
| <input type="checkbox"/> Behavioral Neuroscience | <input type="checkbox"/> Cognitive Neuroscience |
| <input type="checkbox"/> Computational Neuroscience | <input type="checkbox"/> Model System Neuroscience |
| <input type="checkbox"/> Translational Neuroscience | <input type="checkbox"/> Human Behavioral Neuroscience |
| <input type="checkbox"/> Human Brain Imaging | <input type="checkbox"/> Developmental Neuroscience |
| <input type="checkbox"/> Cell and Molecular Neuroscience | <input type="checkbox"/> Neuroplasticity |
| <input type="checkbox"/> Neurodegeneration | <input type="checkbox"/> Neurotechnology |

▼ SUPERVISOR OF INTEREST

It is expected that you will have researched potential Ph.D. supervisors, though you are not required to contact particular faculty before applying. We recommend you visit the program websites to explore the research being done by faculty. List the names of up to five, but at least four faculty members whose research best aligns with your interests.

Ph.D. Supervisor of Interest 1:

Ph.D. Supervisor of Interest 2:

Ph.D. Supervisor of Interest 3:

Ph.D. Supervisor of Interest 4:

Ph.D. Supervisor of Interest 5:

▼ CURRICULUM INFORMATION

Current Institution Name:

Current Degree:

BA

MA

Ph.D.

BS

MS

Anticipated Graduation Date:

Fall 2020

Spring 2021

Summer 2021

I Attended From:

To:

Degree Received

Yes

No

If yes, Awarded Date:

Major:

CUM GPA

▼ SUBMIT INFORMATION ABOUT YOUR PREVIOUS INSTITUTIONS

Previous Institution #1

Previous Institution #2

Previous Institution #3

▼ Previous Institution #1

Previous Institution #1 Name

I Attended From:

To :

Degree Received:

Yes

No

If yes, Awarded Date:

Major:

CUM GPA:

▼ Previous Institution #2

Previous Institution #2 Name

I Attended From:

To:

Degree Received:

Yes

No

If yes, Awarded Date:

Major:

CUM GPA:

▼ Previous Institution #3

Previous Institution #3 Name

I Attended From:

To:

Degree Received:

Yes

No

If yes, Awarded Date:

Major:

CUM GPA:

▼ TEST SCORES

Enter Your GRE Scores. You must submit unofficial GRE report with application. *Report must be emailed prior to December 1, 2020, to lpetersen@fau.edu.

Date GRE Was Taken	Date GRE Will Be Taken	
<input type="text"/>	<input type="text"/>	
GRE Verbal Raw Score	GRE Verbal Percentile Rank, %	GRE Quantitative Raw Score
<input type="text"/>	<input type="text"/>	<input type="text"/>
GRE Quantitative Percentile Rank, %	GRE Analytical Writing Score	GRE Analytical Writing Rank, %
<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCES

List the names of at least three individuals (faculty preferred) who will provide an Evaluation Form and a letter of recommendation for you. Applicants must download the Evaluation Form and instructions. Download the Evaluation Form: [right click this link](#). * Please note that in order to be considered for Fall 2021 admission these forms are due from the referee to the Brain Institute by December 1, 2020.

1. Name Affiliation Telephone E-mail	2. Name Affiliation Telephone E-mail
<input type="text"/>	<input type="text"/>
3. Name Affiliation Telephone E-mail	4. Name Affiliation Telephone E-mail
<input type="text"/>	<input type="text"/>
5. Name Affiliation Telephone E-mail	
<input type="text"/>	

Letters of Recommendation for the Ph.D. Program should be sent to Linda Petersen from evaluators by December 1, 2020.

Mailing Address: Florida Atlantic University, 777 Glades Road, FAU Brain Institute, Attn: Linda Petersen, SE-43, Room 103A, Boca Raton, FL 33431

Phone 561.297.4989

Email lpetersen@fau.edu

▼ SUBMIT MATERIALS

Each individual file must be less than 10MB and saved as a PDF

1. PERSONAL STATEMENT

In 1-2 pages, please describe your motivation for graduate study, your undergraduate/graduate educational and research experiences, and your career objectives. Please name file as

"lastname_firstname_personalstatement.pdf"

2. UNOFFICIAL COPY OF ALL POST-SECONDARY

ACADEMIC TRANSCRIPTS

Please name file as

"lastname_firstname_unofficialtranscripts.pdf"

3. UNOFFICIAL COPY OF GRE SCORE REPORT

Please name file as "lastname_firstname_unofficialGRE.pdf"

4. ADDITIONAL MATERIALS

If you wish to submit up to two additional supplemental materials above and beyond the required items listed above (e.g. a CV, additional educational certifications, publications), please list them here. Supplemental Item: Please name

"lastname_firstname_typeofdocument.pdf"

▼ INTERNATIONAL STUDENTS

Please Check the Box Below if You Are an International Student

Yes, I am an International Student

▼ TOEFL

For International Students requiring a TOEFL, enter your TOEFL scores.
Submit unofficial TOEFL Report with application.

Date TOEFL Was Taken

Test Type (e.g. iBT, cBT, pBT)

Reading Score

Listening Score

Speaking Score

Writing Score

TOEFL Total Score

TOEFL REPORT

Please name file as "lastname_firstname_TOEFLreport.pdf"

COURSE BY COURSE TRANSCRIPT EVALUATION WITH
GPA EQUIVALENCY

Please name file as

"lastname_firstname_coursebycoursetranscript.pdf"