## **Application**

Applicants for the program will be required to complete the following application form and submit to the Roskamp Institute Ph.D. Program Administrator who will screen for eligibility. Applications are reviewed 4 times per year.

Eligible applications will be reviewed by the Roskamp Institute Research Degrees Coordinator and by the Roskamp Institute Admissions Committee and competitive applications will be selected for interview in person or by tele/video conference.



#### Roskamp Institute Ph.D. In Neuroscience Admission Requirements

The admissions requirements for the Ph.D. program will be as follows and meet the minimum requirements established by the Open University.

A prospective candidate must have:

- For UK students a Bachelor's degree of class 2.1 or higher in a biological sciences field.
- For US students a Master's degree in a biological sciences field or a Bachelor's degree plus either one year of post-graduate full-time laboratory research at the Roskamp Institute or two years of post-graduate full-time laboratory research with another institution and demonstrated productivity.
- For students from other countries equivalency to either UK or US student requirements as stated above

Admission will be based on an evaluation by a Roskamp Institute committee and the Open University. The Admission process will weigh many factors including the applicant's scholastic record, prior performance in laboratory research, letters of recommendation, statement of purpose, and ultimately personal interviews. Successful candidates will be registered with The Open University in the United Kingdom.

If you would like to submit your application, please download the application form and send through the mail or email to:

Program Administrator Roskamp Institute 2040 Whitfield Avenue Sarasota, FL 34243 Phone: (941) 752-2949

Phone: (941) 752-2949 Fax: (941) 752-2948

Email: ] @aæ}] | a&æaa[} O | [ • \æ{ ] a} • cac c^b\_^ c

# Application for Roskamp Institute Ph.D. in Neuroscience

<u>Persona</u>	al Informatio	<u>n:</u>	Applicant N (Institute use of	No:
Name:	(First/Given Nan	nes)	(Last/Family Name	e)
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May we	call you at w	ork?: Yes □No	□ What is your preferre	d number?: home □ work □ cell □
Gender:	Male □	Female □	Date of Birth:	(Day/Month/Year)

<b>Education:</b> (please list beginning v	vith most recent)					
Degree: Bachelor $\square$ Master $\square$ PhD	□ Other □ (please describe):					
Major subject:	Minor (if applicable):_					
College/University:	Degree Earn	ed:	_/Year:			
Area of Specialization:		GPA:				
Degree: Bachelor □ Master □ PhD	□ Other □ (please describe):					
Major subject:						
College/University:						
Area of Specialization:						
Degree: Bachelor □ Master □ PhD	□ Other □ (please describe):					
Major subject:	Minor (if applicable):					
College/University:						
Area of Specialization:		GPA:				
Have you been or are you curren (Answer "Yes" only if not graduated yet or deg		Yes □No □	l			
Major subject:	Minor (if applicable):					
College/University:	Since:					
Reason for program change or abo	rtion:					
Language:						
First/Native language:						
Additional languages:	Reading □	Writing	Speaking			
	Reading □	Writing □	Speaking			
	Reading □	Writing □	Speaking			
	Reading □	Writing □	Speaking			
TOEFL score (if relevant):						

### **Work History:**

		Division: Since:		
	Number & Street			
	City	State	Zip Code	
	Country	Phone Number		
Duties ar	nd Responsibilities:			
Previous	s Employments: (pleas	se list beginning with most recer	nt)	
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Company	Number & Street	From:	To:	

#### **Experience**

<u>Laboratory Experience:</u> (Use additional pages as necessary) Where:\_\_\_\_\_\_ When:\_\_\_\_\_ Description of Duties: Where:\_\_\_\_\_ When:\_\_\_\_\_ Description of Duties: \_\_\_\_ Where:\_\_\_\_\_\_ When:\_\_\_\_\_ Description of Duties: Research Interests: (Use additional pages as necessary)

Teaching experience: (if any)

## **Honors & Awards:**

ward Name			
ward Name	Date	Granting Agent/Institution	Brief Description
ward Name	Date	Granting Agent/Institution	Brief Description
ward Name	Date	Granting Agent/Institution	Brief Description
ward Name	Date	Granting Agent/Institution	Brief Description
<b>eferences:</b> List th	nree individuals as refe	erences (professional/educational refe	erences required)
. Name	Institution	Email	() Telephone
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Name  Other Informatio  Professional Affilia	<u>n:</u> ations (Membersh		, , , , , , , , , , , , , , , , , , ,

<u>Narrative:</u> Describe briefly your qualifications for the appointment you seek and why you should be considered for this program.
I affirm the above information as accurate to the best of my knowledge
Signature of Applicant (for online applications please type your full name here)
The Roskamp Institute does not discriminate on the basis of age, race, national or ethnic origin, religious preference.

The Roskamp Institute does not discriminate on the basis of age, race, national or ethnic origin, religious preference, handicap, or sex in any aspects of its operations.