

## **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

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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  
Fax: (941) 752-2948  
Email: [admissions@roskampinstitute.org](mailto:admissions@roskampinstitute.org)

# Application for Roskamp Institute Ph.D. in Neuroscience

## Personal Information:

Applicant No: _____ (Institute use only)
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Name: \_\_\_\_\_  
(First/Given Names) (Last/Family Name)

E-Mail Address: \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number & Street  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Country

Permanent Address: \_\_\_\_\_  
(if different from current) Number & Street  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Country

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
please use the following formats: "(area code) phone number" > for US phone numbers only  
"+country code (area code) phone number" > for international phone numbers only

May we call you at work?: Yes  No  What is your preferred number?: home  work  cell

Sex: Male  Female  Date of Birth: \_\_\_\_\_(Day/Month/Year)

**Education:** (please list beginning with most recent)

Degree: Bachelor  Master  PhD  Other  (please describe): \_\_\_\_\_

Major subject: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

College/University: \_\_\_\_\_ Degree Earned: \_\_\_\_\_/Year: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree: Bachelor  Master  PhD  Other  (please describe): \_\_\_\_\_

Major subject: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

College/University: \_\_\_\_\_ Degree Earned: \_\_\_\_\_/Year: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree: Bachelor  Master  PhD  Other  (please describe): \_\_\_\_\_

Major subject: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

College/University: \_\_\_\_\_ Degree Earned: \_\_\_\_\_/Year: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_ GPA: \_\_\_\_\_

**Have you been or are you currently enrolled in a PhD program?:** Yes  No

(Answer "Yes" only if not graduated yet or degree aborted, otherwise please list above!)

Major subject: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

College/University: \_\_\_\_\_ Since: \_\_\_\_\_

Reason for program change or abortion: \_\_\_\_\_

**Language:**

First/Native language: \_\_\_\_\_

Additional languages: \_\_\_\_\_ Reading  Writing  Speaking

\_\_\_\_\_ Reading  Writing  Speaking

\_\_\_\_\_ Reading  Writing  Speaking

\_\_\_\_\_ Reading  Writing  Speaking

TOEFL score (if relevant): \_\_\_\_\_

**Work History:**

**Are you currently employed?: Yes  No**

(If "Yes" please describe below)

Company: \_\_\_\_\_ Division: \_\_\_\_\_

Position: \_\_\_\_\_ Since: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street

City

State

Zip Code

Country

Phone Number

Duties and Responsibilities: \_\_\_\_\_

**Previous Employments:** (please list beginning with most recent)

Company: \_\_\_\_\_ Division: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street

City

State

Zip Code

Country

Phone Number

Duties and Responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_ Division: \_\_\_\_\_

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street

City

State

Zip Code

Country

Phone Number

Duties and Responsibilities: \_\_\_\_\_

**Experience**

Laboratory Experience: (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:**

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Award Name	Date	Granting Agent/Institution	Brief Description
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Award Name	Date	Granting Agent/Institution	Brief Description
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Award Name	Date	Granting Agent/Institution	Brief Description
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Award Name	Date	Granting Agent/Institution	Brief Description
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**References:** List three individuals as references (professional/educational references required)

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Institution Email Telephone

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Institution Email Telephone

3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Institution Email Telephone

**Other Information:**

Professional Affiliations (Membership in academic or scientific societies):

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Relevant hobbies (if any):

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**Narrative:** Describe briefly your qualifications for the appointment you seek and why you should be considered for this program.

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I affirm the above information as accurate to the best of my knowledge

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Signature of Applicant  
(for online applications please type your full name here)

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Date

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.