



Icahn
School of
Medicine at
Mount
Sinai

**APPLICATION FOR ADMISSION
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
T-32 Postdoctoral Fellowship Program: Training the new generation of
Clinical Neuroscientists, TRainiNG-CN**

Date:

1. Name:

2. Date of birth (optional):

3. Female Male

4. Current Address:
Street City State Zip Code

Day Phone: Evening Phone: Cellular Phone:

E-mail address:

5. Citizen of U.S. Yes No If no, are you a non-citizen national? Yes No

If not, are you lawfully admitted into the U.S. and have an Alien Registration Receipt Card (e.g., I-551)? Yes No

6. Are you Hispanic (or Latino)? Yes No Do not wish to provide

7. What is your racial background? Check one or more.

- American Indian or Alaska Native Black or African American
 Native Hawaiian or other Pacific Islander White
 Asian Do not wish to provide

8. Do you have a disability? Yes No Do not wish to provide

If yes, which of the following categories describes your disability(ies)?

- Hearing Mobility/Orthopedic Impairment Visual Other

14. OTHER EXPERIENCE:

Please describe other activities or experience relevant to your application to this program.

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15. AWARDS:

Please list any awards, honors, fellowships, or grants received.

AWARD	INSTITUTION RECEIVED FROM	DATE

16. OTHER FUNDING:

Do you presently have or have you been notified that you will receive any fellowships or grants that will overlap with the Training the new generation of Clinical Neuroscientists, TRainiNG-CN? YES NO

If yes, from what source?

17. PUBLICATIONS:

Number of publications:

Number of first-author publications:

H-index:

TITLE	AUTHORS	CITATION	DATE OF PUBLICATION

18. PREDOCTORAL APPLICANTS ONLY:

What is your registration status at Icahn School of Medicine at Mount Sinai?

- CURRENTLY REGISTERED
- ADMITTED

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OTHER (EXPLAIN):

19. POSTDOCTORAL APPLICANTS ONLY:

What is your registration status at Icahn School of Medicine at Mount Sinai?

CURRENTLY REGISTERED (IF SO, DEPARTMENT):

ADMITTED

APPLICATION FOR ADMISSION PENDING

OTHER (EXPLAIN):

NOT ADMITTED

20. ACADEMIC / CAREER GOALS:

State in one or two pages your academic and career goals. Please be as specific as possible.

Considering the information about the Training the new generation of Clinical Neuroscientists website about the training goals and training components, state what training you wish to receive in this program that will further those goals. Why are you interested in studying Training the new generation of Clinical Neuroscientists? Do you have specific research questions you wish to address?

21. TRANSCRIPTS:

Please submit transcripts of your undergraduate and graduate academic records, Graduate Record Examinations/Medical College Aptitude Test.

22. LETTERS OF RECOMMENDATION:

Please arrange to have three (3) letters of recommendation sent to us by individuals who are familiar with your work. (Please ask them to write us. We will not contact them.)

23. WRITING SAMPLE(S):

Please include PDFs of your publications, unpublished papers for courses, relevant excerpts of Master's theses or Doctoral dissertations, or any other of your writings that may be helpful in evaluating your capabilities and interest. If not clear from the authorship, please describe your role in the written material.

24. CURRICULUM VITAE

Please include your CV with your application,