

## 2009 NeuroAdmissions Faculty and Research Interest Form

Please fill out this form completely and return by **December 1, 2008**

via **Email:** neurophd@mednet.ucla.edu or **Fax:** (310) 206-5855 or

**Mail:** UCLA NSIDP, 1506D Gonda Center, 695 Young Drive South, Los Angeles, CA 90095-1761

### Your Identification

Name:

UCLA 9-digit UID (not SS):

Email Address:

### Your Faculty and Research Interests

Using the list located at <http://faculty.neuroscience.ucla.edu/institution/personnel-list/> indicate:

I would be interested in working with the following FACULTY in the following FIELD of research

Faculty Name

Field of Research

- |    |    |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

### Your Scientific Background and Future

Please list below:

Awards/Fellowships/Distinctions (if any):

Scientific Publications/Organizations (if any):

Pertinent Work Experience: