

**Clinical Neurology Admission Application
Neuroscience and Behavioral Biology Program**



Biographical Information

Applicant's Legal Name:

Last: _____ First: _____ Middle _____ Preferred Name: _____

Emory ID: _____ Male Female

Permanent Address:
(number and street)

City: _____ State or Country: _____ Zip Code: _____

Cell Phone: _____ Alternate telephone number: _____

Birth Date: _____ Birth City: _____ Birth State: _____ Birth Country: _____

Mailing address during school year, if different (number and street): _____

City: _____ State or Country: _____ Zip Code: _____

Preferred e-mail address: _____

Educational Information

Currently I am enrolled as a: Sr. _____ Jr. _____ Soph _____ Fr. _____ Expected graduation date: _____

Current Major or Field of Study: _____

Current GPA: _____

Name/Telephone number of a faculty member whom we may contact for a telephone reference: _____

Have you taken the pre-requisites to be considered eligible for the CNS Program? _____ Yes _____ No

2/ CNS Application Applicant's Name: _____

Short Answer Responses

Briefly describe previous clinic experience including shadowing and hospital volunteer work.

Preferred area of mentor's interest or specialization within adult neurology (e.g., Alzheimer's, Epilepsy, Multiple Sclerosis, Parkinson's Neuromuscular (muscle/nerve) or Pediatric Neurology). Please indicate any personal reason for your choice.

Briefly describe any research experience and list any publications or meeting presentations.

3/ CNS Application Applicant's Name: _____

Please write a short essay describing why you wish to participate in the CNS Program.

Submit completed application and unofficial transcript by e-mail to:

Dr. Paul R. Lennard
Director of Neuroscience and Behavioral Biology Program
E-mail: prlenna@emory.edu