



Applicant Information					
Full Name:					
Email Address:					
Telephone:					
		CURRENT	PERMANENT		
Street Address:					
City, State, ZIP:					
Intended Doctoral Program* (*Checking the box indicates that you have applied for Fall admission to the selected program)					
<input type="checkbox"/>	Biomedical Engineering				
<input type="checkbox"/>	Electrical Engineering				
<input type="checkbox"/>	Mechanical Engineering				
<input type="checkbox"/>	Neuroscience				
Academic Training					
	INSTITUTION	DATES	DEGREE	MAJOR	GPA (/)
Graduate Record Exam (GRE)					
	SCORE	PERCENTILE			
Test Date:		Verbal:			
		Quantitative:			
		Analytical:			
Letter of Recommendation					
	NAME	TITLE	INSTITUTION	EMAIL	



STATEMENT OF PURPOSE

Explain why you are applying for this IGERT traineeship and how obtaining interdisciplinary training in systems neuroengineering will benefit your career aspirations. Also, describe how your research interests and your ideal research project align with the three major research thrusts of this IGERT traineeship (neural decoding, neural interfacing, and neuromodulation).

End of Application