



Application for the 2017 Craig H. Neilsen Foundation and OSU Spinal Cord Injury Research Training Program May 7-19, 2017

I. Applicant Information. Note: Strong preference will be given to applicants with graduate student/postdoc/faculty status. Low priority will be given to undergraduate or research staff (technician) applicants.

Name: _____ E-mail address: _____
Current Position: _____ Present Institution: _____
Work Phone #: _____ Fax #: _____
Work Address: _____ Home Address: _____
City, State, Zip: _____ City, State, Zip: _____
Country: _____ Country: _____

Check one: [] US Citizen [] Resident Alien [] Nonresident Alien (add country of residence)

II. Education (Attach a CV including all positions, awards and publications)

Undergraduate Degree: _____ Institution: _____
Discipline: _____
Graduate Degree: _____ Institution: _____
Discipline: _____
Post-Graduate Training: _____ Institution: _____
Discipline: _____

III. Research Background and Goals: On a separate page, write a brief statement (500 words or less) describing: (1) your goals and reasons for applying to this course and, (2) your current research projects or interests.

IV. Primary Research Model: Although all trainees will be exposed to rat & mice techniques, the training program is designed to provide individual specialization for rat or mouse research models. Please indicate on which species you prefer for your training to competency:

_____ Rat _____ Mouse

V. Mentor Statement and Signature: Students and post-doctoral trainees must include a brief letter (on a separate sheet) from a mentor who is supporting your work. Mentors, please include contact information.

VI. Tuition notice and Signature: Please place an x in each on each line below and sign the application form. Note: Tuition reduction may be considered if financial need is documented in the Mentor Statement (V) above.

_____ I understand tuition for this course is \$2500.00 US. Tuition is due by April 1, 2017.
_____ I understand that room and board are included in the tuition fee
_____ I understand that there is a cancellation fee of \$500 if I withdraw my application after March 15, 2017.

VII. Disability Identification (optional): The OSU Training Program does not discriminate applicants on the basis of disabilities. Applicants who check this box will be contacted for a confidential discussion of appropriate accommodations. Are you an individual with a disability? [] yes [] no * This information will remain confidential.

Signature of Applicant: _____ Date: _____

Please tell us where you heard about our program: _____

Full application should be submitted electronically as a PDF to scitp@osu.edu

Deadline: February 14, 2017