

**University of Georgia  
Biomedical and Health Sciences Institute  
Neuroscience Program**

**STATEMENT OF INTEREST**

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

AREA OF INTEREST:

EDUCATIONAL BACKGROUND

SCHOOL/LOCATION	DATES ATTENDED	DEGREE/YEAR
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_____	_____	_____
_____	_____	_____
_____	_____	_____

OVERALL UNDERGRADUATE GPA \_\_\_\_\_ MAJOR \_\_\_\_\_

OVERALL GRADUATE GPA \_\_\_\_\_ MAJOR \_\_\_\_\_



REFERENCES: Please list names of three persons who will provide you with letters of recommendation.

1. NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION/AGENCY \_\_\_\_\_

2. NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION/AGENCY \_\_\_\_\_

3. NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION/AGENCY \_\_\_\_\_

PLEASE RETURN THIS FORM ALONG WITH RESUME/CV AND ARRANGE TO HAVE THREE (3) LETTERS OF RECOMMENDATION SENT TO:

NEUROSCIENCE GRADUATE COORDINATOR  
BHSI  
COVERDELL BUILDING  
UNIVERSITY OF GEORGIA  
ATHENS, GA 30602

**NOTE:**

This statement of interest does not replace the Application for Graduate Admission to the UGA Graduate School. The Graduate School application must be completed and submitted directly to the Graduate School, in addition to official GRE test scores and official transcripts.