

**STUDENT/POST-DOC APPLICATION FOR PARTNERSHIP PROGRAM  
McGill and Tel Aviv University Collaboration**

**Neurodevelopmental, Neurodegenerative and Neuropsychiatric Diseases:  
Prevention, Diagnosis and Treatment**

**PERSONAL INFORMATION** (English only)

Name: \_\_\_\_\_  
*Surname* *First* *Middle*

Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_

Institution: \_\_\_\_\_

\_\_\_\_\_  
*City* *Post Code* *Country*

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
*Day* *Month* *Year*

Sex: Male  Female

**UNIVERSITY EDUCATION**

Time Period (from/to)	University name	Subject	Degree Attained
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Current academic program

Grade point average

**PREVIOUS RESEARCH TRAINING/SCIENCE-RELATED EMPLOYMENT WITHIN THE LAST FIVE YEARS**

Time period (From/To)

Description of experience

**INFORMATION/FACULTY SPONSOR (TAU)**

Host Researcher:

\_\_\_\_\_ *\*Letter of Sponsorship should be attached*

Host Institute/Center: \_\_\_\_\_

Lab: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address of host researcher: \_\_\_\_\_

Duration of proposed training: \_\_\_\_\_

**INFORMATION/FACULTY McGill**

Host Researcher:

\_\_\_\_\_ *\*Letter of Sponsorship should be attached*

Host Institute/Center

(I/C): \_\_\_\_\_

Lab: \_\_\_\_\_

I/C Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address of Host Researcher:

\_\_\_\_\_

Duration of Proposed Training: \_\_\_\_\_

Recommendation letters provided by:

*Two letters required*

1. \_\_\_\_\_

2. \_\_\_\_\_

*Scientific project*

Title
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Abstract of proposed student research (1 page)
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Why is the proposed training important for your Ph.D. studies and your future career? What are your scientific career plans?

List of publications within the last five years