



OUR TEAM

DONATE

Future Talent

Home (/) > Student Research Volunteer Application

Student Research Volunteer Application

Apply online to contribute to research investigations at the Burke Neurological Institute.

Instructions

STEP 1

Identify specific research programs that match your interest. Select your top three choices for lab/faculty in which you are interested. [Learn more about faculty >](#)

STEP 2

Collect and gather the following documents in either a MS Word or PDF file format to upload to your application:

- Transcript (an unofficial copy is acceptable)

STEP 3

Prepare your write statements by [previewing the online application >](#)

STEP 4

Complete the following online application.

Personal Information

Full Name *

First Name Middle Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Email *

Faculty Mentors

JOHN W. CAVE, PH.D. (/CAVE-LAB/PEOPLE/JOHN-W-CAVE-PHD)

SUNGHEE CHO, PH.D. (/CHO-LAB/PEOPLE/SUNGHEE-CHO-PHD)

KATHLEEN M. FRIEL, PH.D. (/FRIEL-LAB/PEOPLE/KATHLEEN-M-FRIEL-PHD)

GARY E. GIBSON, PH.D. (/GIBSON-LAB/PEOPLE/GARY-E-GIBSON-PHD)

EDMUND R. HOLLIS II, PH.D. (/HOLLIS-LAB/PEOPLE/EDMUND-R-HOLLIS-II-PHD)

TOMOKO KITAGO, M.D. (/KITAGO-LAB/PEOPLE/TOMOKO-KITAGO-MD)

GLEN PRUSKY, PH.D. (/PRUSKY-LAB/PEOPLE/GLEN-PRUSKY-PHD)

RAJIV R. RATAN, M.D., PH.D. (/RATAN-LAB/PEOPLE/RAJIV-R-RATAN-MD-PHD)

BOTIR T. SAGDULLAEV, PH.D. (/SAGDULLAEV-LAB/PEOPLE/BOTIR-T-SAGDULLAEV-PHD)

VIBHU SAHNI, PH.D. (/SAHNI-LAB/PEOPLE/VIBHU-SAHNI-PHD)

DIANNA E. WILLIS, PH.D. (/WILLIS-LAB/PEOPLE/DIANNA-E-WILLIS-PHD)

YUTAKA YOSHIDA, PH.D. (/YOSHIDA-LAB/PEOPLE/YUTAKA-YOSHIDA-PHD)

JIAN ZHONG, PH.D. (/ZHONG-LAB/PEOPLE/JIAN-ZHONG-PHD)

Phone Number * -
Area Code Phone Number

Date of Birth * / / 
Month Day Year

Education

Current School *

Current School Address *
Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Expected Graduation Date * / / 
Month Day Year

G.P.A. *

Please describe your education goals and professional ambitions: *

Research Background

Do you have any laboratory research experience outside of organized classroom laboratory courses? *

Yes No

Do you have experience with statistics or biostatistics? *

Yes No

Research Interest

Why are you seeking a research experience at the Burke Neurological Institute? Please

Why are you seeking a research experience at the Burke Neurological Institute? Please indicate if this experience is for a school credit and/or expected participation in science research contests. *

What is the duration of the research experience you are seeking? *

What type of research experience are you requesting? For example, are you looking for molecular biological, behavioral, or patient-clinical oriented research? *

Indicate your top three choices for volunteer placement. Please select your top three choices for lab/faculty in which you are interested. [Learn more about faculty >](#)

First lab preference *

Second lab preference *

Third lab preference *

How do you envision this research experience advancing your career goals? *

Is there anything else you would like us to know about yourself? *

How did you hear about student research opportunities at Burke? *

Upload Documents

Current Transcript *

no file selected


Obtain and upload a copy of a current transcript, an unofficial student version of your transcript is acceptable. Upload file formats: PDF, DOC, DOCX, JPG, JPEG, PNG, GIF. File size limit: 5000 KB.

Authorization & Attestation

Agreement *

- I certify that the information I have given on this application is complete and correct. I understand that my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or revoke my participation as a student research volunteer at the Burke Neurological Institute. I hereby acknowledge that the Burke Neurological Institute may verify the information within this application from sources accessible under law. The Burke Neurological Institute may divulge the contents of the application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am participating, or have participated, as a student research volunteer at the Burke Neurological Institute.

Enter the message as it's shown *

I'm not a robot 
reCAPTCHA
Privacy - Terms



[Contact Us \(/contact-us\)](/contact-us)

Burke Neurological Institute
[About BNI \(/cause/about/about-burke-neurological-institute-bni\)](/cause/about/about-burke-neurological-institute-bni)
[Research Compliance \(/cause/about/research-compliance\)](/cause/about/research-compliance)
[Terms of Use \(/terms-use\)](/terms-use)

Burke Neurological Institute is an academic affiliate of Weill Cornell Medicine (<http://weill.cornell.edu/>) and partner of the Burke Rehabilitation Hospital (<http://www.burke.org/>).

© Burke Neurological Institute.