INSTITUTE ON HUMAN DEVELOPMENT & DISABILITY

UNIVERSITY of WASHINGTON

Application for Appointment as a Research Affiliate

Contact Information

Name _____ Academic Rank _____

Department(s) _____ Address _____

Box No. _____ Phone _____ E-mail _____

Research

Brief statement of your major research interests:

Please list your current funding sources and whether you are PI or Co-PI:

Research projects relevant to developmental disabilities:

_____

_____

_____

Desired Support

The UW IHDD support services for which you anticipate future needs. Please see the IHDD website for details:

- ☐ Animal Behavior Core
- ☐ Genetics Core
- ☐ Brain Imaging Core
- ☐ Clinical Translational Core

This application should be submitted to the IHDD Director for further processing.

Sandra Juul, MD, PhD

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