APPLICATION FOR SPECIALIZATION IN COGNITIVE AND AFFECTIVE NEUROSCIENCE

_______________________________________  ______________________
Name  Date

Please indicate when you plan to meet the program requirements.

**Course Requirements**

(The first two courses should be completed before the end of the second year.)

_______, 20__  PSY 511 Foundations of Cognitive and Affective Neuroscience

_______, 20__  PSY Methods of Cognitive and Affective Neuroscience

(The two electives should be completed before the end of the third year.)

_______, 20__  PSY 5XX Topical Seminar ________________________________

_______, 20__  PSY 5XX Topical Seminar ________________________________

**Research**

(These can be with the same sponsor or two different sponsors. Theses should be done before the end of the third year.)

_______, 20__  first semester with ________________________________

_______, 20__  second semester with ________________________________

_______________________________________  ______________________
Signature of Primary Advisor  Date

Please return completed form to 125A Moore