

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 _____

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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