

Neuroscience Minor - Declaration
Form 2007-2008

Last name: _____ First name: _____

Student Number: _____

Local (campus) contact information:

Street: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Permanent (home) contact information:

Street: _____

City: _____ State: _____ Zip: _____

Phone (with area code): () _____

Please indicate your major field: Biology Psychology Other

Earned credit hours: Total: _____ Biology or Psychology: _____

GPA: Cumulative: _____ Biology or Psychology: _____

Do you work while attending college? Yes___ No___ If so, how many hours? ____

Anticipated graduation date: Fall Semester___ Spring Semester___ Year_____

In the spaces below, list the names of two faculty members in the Biology or Psychology Department whom you consider to be most familiar with your academic performance and/or research skills.

1) _____ 2) _____

Signature: _____ Date: _____

Please return the completed application form to the Psychology Department Main Office at 57 Coming Street or to the Biology Department in Room 214, Hollings Science Center.