

Department of Psychology

Application for Concentration in Behavioral Neuroscience

1. Fill out the information below.
2. Return application as soon as possible to the Department of Psychology Undergraduate Program (PUP) Office in Fawcett 342.

CONTACT INFORMATION:

| | |
|---|---------------|
| NAME (Last, First, MI) | UID# |
| CURRENT MAILING ADDRESS/ Street or PO Box | E-MAIL |
| CURRENT MAILING ADDRESS/ City, State & Zip | PHONE |

ACADEMIC INFORMATION:

| | |
|---|---|
| Total Number of Credit Hours Completed | GPA - Overall |
| Estimated Date of Graduation | PSY 391, Behavioral Neuroscience, completed (Y/N)? Professor: _____ Grade: _____ |

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|

FOR OFFICE USE ONLY:

| | |
|--|---|
| Confirm Overall GPA / Date / Initials | Confirm PSY 391 Completed (quarter, year, grade) |
| APPROVE / DENY | HOW STUDENT NOTIFIED / DATE |

| | | | |
|--|------------------------------------|----------------|--------------------------|
| APPLICATION FOR GRADUATION (quarter, year) | CUM GPA | PSY GPA | BNS Checklist OK? |
| CONCENTRATION on Transcript (Approve / Deny - Initials) | HOW STUDENT NOTIFIED / DATE | | |