

**Neuroscience Minor
Proposed Study Program**

Complete information below and return to the Neuroscience Graduate Coordinator at 1548 E.
Drachman St., PO Box 210476 or kirstencg@arizona.edu

Name: _____ **Date:** _____

Major: _____ **Advisor:** _____

Expected Completion Date: _____

Committee members representing the minor in Neuroscience (may not include the student's advisor):

Print Name Signature

Print Name Signature

Coursework to be applied to the minor in Neuroscience:

| Course Number | Course Title | Semester/Year | # of Units | Grade |
|---------------|--------------|---------------|------------|-------|
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Approved by Neuroscience Graduate Advisor: _____

Date: _____