

**Neuroscience Minor  
Proposed Study Program**

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

**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

Approved by Neuroscience Graduate Advisor: \_\_\_\_\_

Date: \_\_\_\_\_