CERTIFICATE IN NEUROSCIENCE ENROLLMENT FORM

Personal & Contact Information

Name		Student Nu	mber Email	Email	
Address		City	State	Zip code	
Major	No. of Major H	ours Completed	Current GPA in Major	Today's Date	
Expected Date of Graduation		Expected D	Expected Date of Completion of Certificate		

The certificate requires completion of a Directed Research Assistantship with a Neuroscience faculty member within any of the participating departments. It is expected that your research will lead to a presentation of the research (e.g., at the UMSL Neuroscience Showcase or the Undergraduate Research Symposium). By signing below, the research mentor indicates a willingness to support the above student through the research requirement of the certificate.

Mentor Name Mentor Signature Today's Date

For more information about the certificate and instructions on where to submit this form, see https://www.umsl.edu/psychology/undergraduate-certificates/neuroscience-certificate.html.

