



GRADUATE CERTIFICATE PROGRAM IN NEUROSCIENCE

APPLICATION

First Name:

Middle Initial:

Last Name:

Suffix:

Example: Jr., IV

Previous/Other Names:

List previous names that may be found in your educational record.

Social Security Number:

*Your social security number (SSN) is **required**. If you do not have a US SSN then leave this item blank and continue. The Dean's office administering the Graduate Certificate in Neuroscience will not release your SSN.*

Z#:

Graduate Program currently enrolled:

Example: Ph.D. Integrative Biology

Mailing Address

Street

Apt. No.

City

State

Zip:

Country

Home Phone: ()

Cell Phone: ()

E-mail address:

US Citizen?

Yes

No – country of citizenship:

GRADUATE CERTIFICATE PROGRAM IN NEUROSCIENCE
at Florida Atlantic University

Instructions: *Please complete the form below indicating the courses taken to qualify for the graduate certificate program (see requirements below). Please also include the information regarding the 2 semesters of 1-credit seminars in neuroscience completed.*

<u>Course name (Course #)</u>	<u>Semester</u>	<u>Year</u>	<u>Grade</u>
Neuroscience 1 (PSB 6345)	Fall	Spr	
Neuroscience 2 (PSB 6346)	Fall	Spr	
<i>and any <u>TWO</u> electives from the following four lists: (see SAMPLE on following page)</i>			
THEORETICAL & DYNAMICAL NEUROSCIENCE			
_____	Fall	Spr	
COGNITIVE NEUROSCIENCE			
_____	Fall	Spr	
MOLECULAR & CELLULAR NEUROSCIENCE			
_____	Fall	Spr	
BEHAVIORAL NEUROSCIENCE			
_____	Fall	Spr	
Seminars in Neuroscience	Fall	Spr	
Seminars in Neuroscience	Fall	Spr	

Title & date of presentation given:

Note: Seminars in Neuroscience or Neuroscience Colloquium refers to the 1-credit course that has been offered under several departments with unique course numbers (e.g., ISC 6930 Fall 2007, PCB 6933, Spr 2008). Each student is required to give one presentation in Seminars in Neuroscience.

Once this form is completed, click this button: **to submit to Rhona Frankel:**

Please note: Your application is not complete until you also submit your current transcript to Rhona Frankel. You may attach your transcript to the email message containing the completed form or you may email your transcript separately to: frankel@ccs.fau.edu

Or print hard copies of the form and transcript and mail both to:

Rhona Frankel c/o Center for Complex Systems and Brain Sciences
Florida Atlantic University
777 Glades Road, BS-12, #316
Boca Raton, FL 33431

If you have additional questions, contact the Director of the Graduate Program in Neuroscience:

Janet Blanks, Ph.D.
Phone: 561-297-4310
Email: blanks@ccs.fau.edu

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The following is an excerpt from a *SAMPLE APPLICATION* demonstrating the rule that each of the two elective courses must come from distinct lists:

<u>Course name (Course #)</u>	<u>Semester</u>	<u>Year</u>	<u>Grade</u>
Neuroscience 1 (PSB 6345)	<input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spr	2006	B+
Neuroscience 2 (PSB 6346)	<input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spr	2007	A
<i>and any TWO electives from the following four lists: (see SAMPLE on following page)</i>			
THEORETICAL & DYNAMICAL NEUROSCIENCE			
none from this list	<input type="checkbox"/> Fall <input type="checkbox"/> Spr	_____	_____
COGNITIVE NEUROSCIENCE			
none from this list	<input type="checkbox"/> Fall <input type="checkbox"/> Spr	_____	_____
MOLECULAR & CELLULAR NEUROSCIENCE			
Cellular Neuroscience & Disease (BSC 6936)	<input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spr	2007	A
BEHAVIORAL NEUROSCIENCE			
Contemporary Topics in Behav Neuro (PSB 6930)	<input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spr	2008	B
Seminars in Neuroscience	<input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spr	2007	A
Seminars in Neuroscience	<input type="checkbox"/> Fall <input checked="" type="checkbox"/> Spr	2008	A

Title & date of presentation given: Neocortical G-protein-coupled receptors and Gourmand syndrome (March 18, 2008)

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