

## NEUROSCIENCE CONCENTRATION: STUDENT/ADVISOR AGREEMENT

Complete and return to the Department of Neuroscience / Box G-LN

Name \_\_\_\_\_ I.D. No. \_\_\_\_\_

Expected Year of Graduation \_\_\_\_\_ Box No. \_\_\_\_\_

Please list those courses you have completed and plan to complete, in order to satisfy the requirements for the concentration in Neuroscience. **Do not list AP or transfer credit for concentration requirements unless these credits appear on your internal Brown transcript.** See page 25 for further information.

**Background Courses:**

<u>Semester or Year</u>	<u>Course Title</u>	<u>Course Number</u>
_____	_____	MATH _____
_____	_____	PHYS _____
_____	_____	PHYS _____
_____	_____	BIOL0200 _____
_____	_____	CHEM0330 _____
_____	_____	CHEM0350 _____

**10 Core Concentration Courses:**

**Lecture Courses**

_____	The Brain: An Introduction to Neuroscience	NEUR0010
_____	Principles of Neurobiology	NEUR1020
_____	Neural Systems	NEUR1030

**Statistics Course** (*see approved list*)

\_\_\_\_\_

**Laboratory Course** (*see approved list*)

\_\_\_\_\_

**Critical Reading Course** (*see approved list*)

\_\_\_\_\_

**Four Thematic Electives**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Submit with this form a short paragraph for each of the additional courses justifying its inclusion in the concentration.

**I understand that I must satisfactorily complete the courses listed above in order to graduate with a concentration in Neuroscience. If I decide to alter this concentration program I will obtain the approval of my concentration advisor and submit a new copy of this form.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's signature: \_\_\_\_\_ Advisor's name: \_\_\_\_\_