

NEUROSCIENCE TRAINING PROGRAM
Certification for the Ph.D. Degree and Training Record

PART I

NAME

CERTIFICATION

Date admitted to the Program:

Major Professor:

Advisory committee (five or more faculty members, including the major professor, collectively representing at least three distinct areas of specialization within neuroscience):

	<u>Name</u>	<u>Department</u>	<u>Area</u>
1.			
2.			
3.			
4.			
5.			

Program Course Requirements:

The overall course sequence should be reviewed to ensure that appropriate training in quantitative methods (e.g. statistics and/or computer science) is included.

First Year Courses: UW Courses, Title and Number Credits

Mid-Level Courses: UW Courses, Title and Number Credits
(2 courses from 2 areas
in Neuroscience)

Quantitative Methods: UW Courses, Title and Number Credits

Advanced Courses:

The above course of study was accepted on _____.
date

Signatures: _____
Student Major Professor

Committee Signatures: _____

Additional Signatures (if applicable)

Please return completed form to the Program Office, 7225 Medical Sciences Center.