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.

<table>
<thead>
<tr>
<th>Course name (Course #)</th>
<th>Semester</th>
<th>Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroscience 1 (PSB 6345)</td>
<td>Fall</td>
<td>Spr</td>
<td></td>
</tr>
<tr>
<td>Neuroscience 2 (PSB 6346)</td>
<td>Fall</td>
<td>Spr</td>
<td></td>
</tr>
</tbody>
</table>

and any TWO electives from the following four lists: (see SAMPLE on following page)

THEORETICAL & DYNAMICAL NEUROSCIENCE
none from this list

COGNITIVE NEUROSCIENCE
none from this list

MOLECULAR & CELLULAR NEUROSCIENCE
none from this list

BEHAVIORAL NEUROSCIENCE
none from this list

Seminars in Neuroscience

Seminars in Neuroscience

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
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.

<table>
<thead>
<tr>
<th>Course name (Course #)</th>
<th>Semester</th>
<th>Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroscience 1 (PSB 6345)</td>
<td>☐ Fall ☐ Spr</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Neuroscience 2 (PSB 6346)</td>
<td>☐ Fall ☐ Spr</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>and any TWO electives from the following four lists: (see SAMPLE on following page)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Theoretical &amp; Dynamical Neuroscience]</td>
<td>☐ Fall ☐ Spr</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>[Cognitive Neuroscience]</td>
<td>☐ Fall ☐ Spr</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>[Molecular &amp; Cellular Neuroscience]</td>
<td>☐ Fall ☐ Spr</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>[Behavioral Neuroscience]</td>
<td>☐ Fall ☐ Spr</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Seminars in Neuroscience</td>
<td>☐ Fall ☐ Spr</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Seminars in Neuroscience</td>
<td>☐ Fall ☐ Spr</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Title & date of seminar 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 must give one seminar 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 send both by mail to

Rhona Frankel
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.
Director of Graduate Certificate Program in Neuroscience
Phone: 561-297-4310
Email: blanks@ccs.fau.edu