Minor in Neuroscience Plan of Study

Consult with a Neuroscience Advisor in either Psychology, Physiology and Neurobiology, or both, before completing this plan of study. During the first four weeks of your graduating semester, three copies of your completed plan of study, approved by one of the Neuroscience Advisors, must be submitted as follows: two copies to a Neuroscience Advisor (one will be submitted to Degree Audit), and one copy for you. Once the final plan of study has been filed with Degree Audit, changes may be made only with the consent of a Neuroscience advisor.

NOTE: Completion of a minor requires that a student earn a C (2.0) or better in each of the required courses for that minor. A maximum of 3 credits towards the minor may be transfer credits of courses equivalent to University of Connecticut courses. Substitutions are not possible for required courses in a minor.

Name of Student: ___________________________________________ Student ID:_________________

This plan of study is intended to meet the requirements of the ____________ (year you entered the University) catalog.

Date you expect to complete the degree requirements: ______________

Course Requirements. Not less than 15 credits at the 2000 level or higher, as follows:

1. PSYC 2200 _____ and PNB 3251 _____

2. One of the following laboratory courses:
   PSYC 3252 _____ PSYC 3250/W _____ PSYC 3251/W _____ PSYC 3253 _____
   or PNB 3263WQ _____

3. At least 6 additional credits from the following:
   PSYC 3200 _____ PNB 3262 _____
   PSYC 2500 _____ PNB 3263WQ _____ (if not used for lab requirement)
   PSYC 3201 _____ PNB 3275 _____
   PSYC 3501 _____ PNB 3276 _____
   PSYC 2201 _____ PNB 4162 _____
   PSYC 3252 _____ (if not used for lab requirement) PNB 4400 _____
   PSYC 3250/W_____ (if not used for lab requirement)
   PSYC 3251/W_____ (if not used for lab requirement)
   PSYC 3253 _____ (if not used for lab requirement)
   PSYC 3889 _____ or PSYC 3899 _____ or PNB 3299 _____ (up to 3 credits may count towards minor with permission of the Neuroscience Minor Advisor).

Graduate Courses: ________________________________ (with permission of the Neuroscience Minor Advisor)

I approve the above program for the (B.A. or B.S.) Minor in Neuroscience:

_________________________________________________________ ____________________________
Neuroscience Minor Advisor’s Signature Date