

*Interdisciplinary Neuroscience Minor*

**Undergraduate Research Program**

Application Form

Name (last, first, middle)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional

Gender: Male Female

Phone Number(s): Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected graduation date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Signature or CCN in email as signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentors: By signing this application you are agreeing to provide mentorship to the applicant for two semesters of Directed Study (Neu 491 series) in your lab contingent on adequate progress the first semester. Projects must have significant neuroscience content. Students should work in labs approximately 100 hours per semester (Approximately 8 hrs/wk during the regular semester).

I have declared a neuroscience minor Yes \_\_\_ No\_\_\_\_ You must declare the minor before being awarded

Application Checklist: Application Form Proposed Project/mentor signature

Mentor Support Letter Unofficial Transcript(s)

Resume’ / Curriculum Vita

**Email Completed Application Materials & Transcripts to:**

Lainy Day, lainyday@olemiss.edu

Subject: Neuroscience Research Application Your Name

If you have any questions please contact Dr. Day at [lainyday@olemiss.edu](mailto:lainyday@olemiss.edu) or by calling 662-915-5444.