



THE UNIVERSITY of  
**MISSISSIPPI**

*Interdisciplinary Neuroscience Minor*

**Undergraduate Research Program**

Application Form  
**Due November 13<sup>th</sup>, 2015**

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

Date of birth \_\_\_/\_\_\_/\_\_\_ Student ID number \_\_\_\_\_ Gender: Male Female

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

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

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

Major \_\_\_\_\_

GPA \_\_\_\_\_

Expected graduation date \_\_\_\_\_

Desired degree \_\_\_\_\_

Mentor \_\_\_\_\_

Mentor Signature \_\_\_\_\_

Mentors: By signing this application you are agreeing to provide mentorship to the applicant for two semesters of Directed Study (Neu 491 series or similar course) 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  Transcript(s)  
 Recommendation Letter  Resume' / Vita

**Have Completed Application Materials & Transcripts sent to:**

Lainy Day, [lainyday@olemiss.edu](mailto: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.