

**APPLICATION FOR
ADMISSION TO THE COGNITIVE SCIENCE COGNITIVE NEUROSCIENCE CERTIFICATE PROGRAM**

Name: _____

Address: _____

Department Affiliation:

How many years have you completed in the Graduate program?

Who is your Primary Advisor?

Office Address: _____

Office Phone: _____

Email: _____

List Lab Sections that interest you from list on reverse side of application

Areas of Specialization

List Courses you have taken in the following disciplines:

Biology: _____

Chemistry: _____

Mathematics and/or Statistics: _____

Psychology: _____

Computer Sciences: _____

Other Sciences: _____

On a separate sheet of paper, please briefly describe why you are interested in the Cognitive Science Cognitive Neuroscience certificate program, and how this fits into your educational and professional goals. Also, if you are NOT a first-year student, we need a brief e-mail from your advisor attesting that this program is appropriate for your graduate career.

Return both this application form and the essay described above to:

Mary B. Mohrbach
Administrative Assistant
Cognitive Science Cognitive Neuroscience Program
University of Michigan
Department of Psychology
530 Church Street
Ann Arbor, MI 48109-1043

