

Certificate in Mind, Brain, and Culture Student Training Plan

Student Name (Last, First) _____ Student ID Number _____

Home Program _____ Date _____

In a separate document, please describe the following:

- 1) What are your **reasons** for enrolling in the certificate program?
- 2) In what type of cross-training **courses** do you wish to enroll?
- 3) What are your **goals** for this training experience?
- 4) How would these courses **accomplish** your stated training goals?

List **at least five elective courses** that would accomplish these goals. Please attach a **course description or synopsis of the topic** if available.

Course Number	Title / Description

Signature of Primary Advisor _____ Date _____

Printed Name _____

Signature of Director of Graduate Studies _____ Date _____

Printed Name _____

Signature of Certificate Program Director _____ Date _____

Printed Name _____