

**THE UNIVERSITY OF TENNESSEE, KNOXVILLE (UTK)
INTERDISCIPLINARY GRADUATE MINOR IN NEUROSCIENCE (IGMN)**

PROGRAM COMPLETION FORM

Instructions: To apply for program completion, fill out all sections below and submit to the IGMN Program Chair. Include a copy of your transcript(s) (from UTK and/or other institution) and Admission to Candidacy form with this form. See the website for more information – <https://bcmb.utk.edu/igmn/>

1. Student name _____ ID _____ Date _____
2. Address _____ Phone # _____
City _____ State _____ Zip _____ e-mail _____
3. College/Dept./Program _____ / _____ / _____
4. Degree(s) Completed: Doctoral Masters Completion Date(s) _____
5. Advisors:
Major _____ IGMN _____
Campus Address: _____

Note: The student's graduate committee must include an IGMN Program Faculty Member.

6. IGMN courses completed for the minor:

COURSE NUMBER and NAME	DEPT.	SEMESTER/YR	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6a. Date completed **Neurocomputation Workshop:** _____ (attach certificate of completion)

7. Approval of completion of requirements for IGMN program (to be completed after meeting IGMN program requirements) – **signatures required**

a. Completion of Major courses:

Major advisor _____ Print _____ Date _____

b. Completion of IGMN program courses:

IGMN advisor _____ Print _____ Date _____

c. Major portion of comprehensive exam passed:

Major advisor _____ Print _____ Date _____

d. Notification of completion of IGMN program:

IGMN Program Chair _____ Print _____ Date _____

Copies to: Student, signers, major dept., and Graduate School