

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

**ADMISSION FORM**

**Instructions:** To enroll in the program, fill out sections 1 through 7 below and submit to the IGMN Program Chair. If you have already completed at least one semester of study, also submit a copy of your transcript(s) (from UTK and/or other institution). 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 Objectives:      Doctoral              Masters              Target Completion Date \_\_\_\_\_
5. Advisors: Major \_\_\_\_\_ IGMN \_\_\_\_\_  
Campus Address: \_\_\_\_\_

**Note: The student's graduate committee must include an IGMN Program Faculty Member. This member can be the student's major advisor**

6. IGMN courses required for the minor (completed, in progress, or planned):

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

6a. Date completed/plan to complete **Neurocomputation Workshop:** \_\_\_\_\_ (attach certificate of completion if workshop has been completed)

7. Approval of IGMN program plan (to be completed prior to or during IGMN program) – **signatures required**

- a. Major advisor \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_
- b. IGMN advisor \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_
- c. IGMN Program Chair \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

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

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