

Membership Application: Graduate Student

**Course Name and Number** **Cr.Hrs/Grade**

(example) PSY 565: Adv Topics in Neuroscience (3) / A

**Neuroscience GPA\*: \_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_**

**(calculate GPA from courses listed above)**

I hereby authorize the Nu Rho Psi faculty advisor to review my college records for the sole purpose of determining my eligibility for becoming a member of Nu Rho Psi.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature

Please return this form to the mailbox of **Lynda Sharrett-Field,** Chapter Advisor**,** located in **Kastle Hall rm #109.**

*We are pleased to offer you this opportunity to apply for membership in Nu Rho Psi. We will contact you once your eligibility has been verified.*

**Graduate Students:** Please provide the following information for any neuroscience related course work you have completed as a graduate student at the University of Kentucky.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#\_\_\_\_\_\_\_\_\_\_\_\_

Permanent mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street or P.O. Box

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated date of graduation: \_\_\_\_\_\_\_

**N**u Rho Psi **THE NATIONAL HONOR SOCIETY IN NEUROSCIENCE**

National Office: Baldwin Wallace University, 275 Eastland Road, Berea, OH 44017-2088 Tel: 440.826.8526