

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.*

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

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

□ BIO 302: \_\_\_\_\_\_ \_\_\_\_\_\_\_ □ BIO 535: \_\_\_\_\_\_ \_\_\_\_\_\_ □ PSY 312: \_\_\_\_\_\_ \_\_\_\_\_\_\_

cr. hrs. grade cr. hrs. grade cr. hrs. grade

□ BIO 305: \_\_\_\_\_\_ \_\_\_\_\_\_\_ □ BIO 638: \_\_\_\_\_\_ \_\_\_\_\_\_ □ PSY 393: \_\_\_\_\_\_ \_\_\_\_\_\_\_

cr. hrs. grade cr. hrs. grade cr. hrs. grade

□ BIO 375: \_\_\_\_\_\_ \_\_\_\_\_\_\_ □ ANA 209: \_\_\_\_\_\_ \_\_\_\_\_\_ □ PSY 459: \_\_\_\_\_\_ \_\_\_\_\_\_\_

cr. hrs. grade cr. hrs. grade cr. hrs. grade

□ BIO 426: \_\_\_\_\_\_ \_\_\_\_\_\_\_ □ ANA 410G: \_\_\_\_\_\_ \_\_\_\_ □ \_\_\_\_\_\_\_: \_\_\_\_\_\_ \_\_\_\_\_\_\_

cr. hrs. grade cr. hrs. grade cr. hrs. grade

□ BIO 440: \_\_\_\_\_\_ \_\_\_\_\_\_\_ □ ANA 417G: \_\_\_\_\_\_ \_\_\_\_ □ \_\_\_\_\_\_\_: \_\_\_\_\_\_ \_\_\_\_\_\_\_

cr. hrs. grade cr. hrs. grade cr. hrs. grade

□ BIO 446: \_\_\_\_\_\_ \_\_\_\_\_\_\_ □ ANA 442G: \_\_\_\_\_\_ \_\_\_\_ □ \_\_\_\_\_\_\_: \_\_\_\_\_\_ \_\_\_\_\_\_\_

cr. hrs. grade cr. hrs. grade cr. hrs. grade

□ BIO 447: \_\_\_\_\_\_ \_\_\_\_\_\_\_ □ANA 605 : \_\_\_\_\_\_ \_\_\_\_\_ □ \_\_\_\_\_\_\_: \_\_\_\_\_\_ \_\_\_\_\_\_\_

cr. hrs. grade cr. hrs. grade cr. hrs. grade

□ BIO 507: \_\_\_\_\_\_ \_\_\_\_\_\_\_ □ ANA 394: \_\_\_\_\_\_ \_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_: \_\_\_\_\_\_ \_\_\_\_\_\_\_

cr. hrs. grade cr. hrs. grade cr. hrs. grade

**Neuroscience Courses Taken To Date:** please list credit hours and grade received in the following courses.

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

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

Street or P.O. Box

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

City, State, Zip

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

Classification: □ Neuroscience Major □ Neuroscience Minor

Membership Application

**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