

Independent Study Course Permission Form
Neural Science
New York University Shanghai

Independent Study – Neural Science

Prerequisite: Foundations of Science I-III (or Physics I&II, Foundations of Chemistry I&II, Foundations of Biology I&II), Introduction to Neural Science, Biostatistics, Cellular and Molecular Neuroscience, Behavioral and Integrative Neuroscience, and a minimum GPA of 3.0 overall and in all science and mathematics courses required for the major, permission of a neural science faculty member (at NYU-Shanghai, NYU-Abu Dhabi, or NYU-New York) who will act as a sponsor and mentor, and approval of the Director of Neural Science. The faculty mentor must be selected in consultation with the Director of Neural Science. Offered in the Fall or Spring. 2 to 4 points per term for a maximum of 4 points.

This course aims at engaging students in research. It is designed to offer students an opportunity to observe neuroscience research up close and gain hands-on research experience by working as a member in an active research team. Independent Study I and II can be done with the same supervisor or two different supervisors. No lectures will be given. Student researchers are expected to attend and actively participate in lab/supervision meetings. This form must be filled out, signed by both the Director of Neural Science and the faculty sponsor, and then submitted to the student's advisor. The work requires a written report on the research to be evaluated by the faculty sponsor, with a copy submitted to the Director of Neural Science and a copy to the Dean of Arts & Sciences.

Student name: _____ ID Number: _____

Major: _____ Year: _____ Semester of course: _____

Course number _____ Number of credits: _____

Grading Option: Letter grade _____ Pass-fail (only if it still fulfills a requirement) _____

Faculty Sponsor: Please write below or attach a description of the work the student is to complete for this course:

Faculty Sponsor: Please write below or attach the grading criteria for the course:

Faculty permission: _____ Date: _____

Student Agreement: _____ Date: _____

Student's Advisor: _____ Date: _____

Director of Neural Science: _____ Date: _____

Asst Provost, Academic Affairs: _____ Date: _____

(Once all parties sign off, advisor will submit to Registrar's Office for processing.)