Print Student Name ___________________________ Student ID __________ Date Submitted __________

Indicate terms in which you would like to enroll in PSYC 91.01 and PSYC 91.02 (e.g., Fall 2023, Winter 2024)

☐ I have reviewed the information available on the Psychological and Brain Sciences (PBS) website:
   http://pbs.dartmouth.edu/undergraduate/neuroscience/neuroscience-honors

☐ I have taken PSYC 6 and PSYC 10 or BIOL 29 as prerequisites
   (Accepted, though not recommended, equivalent courses for PSYC 10 are ECON 10, GOVT 10, MATH 10, SOCY 10, and QSS 15.)

☐ I have taken at least two of the four core courses required for the Neuroscience Major. The core course requirements are: PSYC 28 or 38; PSYC 37; PSYC 35 or BIOL 12 and 13; and PSYC 36.

☐ My current GPA in the major is ___________ (must be at or above 3.30).
   NOTE: Major GPA is calculated by averaging PSYC 6 and all of the currently completed courses, above the prerequisite level, that are part of the major (except PSYC 90 and 91).

☐ My current GPA overall is ___________ (must be at or above 3.00).

☐ I am submitting this form by the end of the second week of the fall term of my senior year.

☐ I am planning to take two terms of PSYC 91 (PSYC 91.01 and PSYC 91.02).

☐ I am taking no more than three terms total of PSYC 90/PSYC 91, and I understand that only two terms can count towards my major requirements.

☐ I have a primary advisor who will chair my Thesis Committee

Print name of advisor ___________________________ Position and Department ___________________________

☐ I have a second member of my Thesis Committee

Print name of the second member ___________________________ Position and Department ___________________________

☐ At least one member of my Thesis Committee is a regular faculty member in PBS.

☐ I have attached a description (typically a one-paragraph abstract) of the thesis topic. This abstract should include (1) a description of the goal(s) and significance of your project, (2) relationship to prior work, and (3) what you plan to do to accomplish your objective(s).

Have you sought IRB approval for your work because it involves human subjects? (Check one below.)
   ☐ Yes, it is approved   ☐ Yes, it is pending   ☐ Not yet, but I will   ☐ No, not applicable

Have you sought IACUC approval for your work because it involves animal subjects? (Check one below.)
   ☐ Yes, it is approved   ☐ Yes, it is pending   ☐ Not yet, but I will   ☐ No, not applicable
Have you considered all the resources you need to complete your work?

☐ Yes, and I do not need additional resources beyond those available through the College or my advisor’s lab.

☐ Yes, and I need additional resources beyond those available through the College or my advisor’s lab. My plan for acquiring these resources is attached.

☐ I have reviewed and I accept the following deadlines set by the department, and I have consulted with my advisor and provided tentative due dates on the lines provided below.

February 2, 2024 Prospectus due for review by Neuroscience Committee. The prospectus should include a brief description of the rationale for the research, methods being used, analysis to be employed, and implications of the expected results (approx. 2-3 pages total) Submit to Professor van der Meer (mvdm@dartmouth.edu).

Draft of Introduction due

Draft of Methods section due

Data collection completed

Statistical analysis and draft of Results section due

May 10, 2024 Final draft of thesis due to Thesis Committee + Neuroscience Committee

Defense for Thesis Committee (no later than May 17, 2024)

May 23, 2024 TENTATIVE date for Poster Presentations to Department

May 24, 2024 Signed PDF of thesis due by email to the PBS department by 3:00 pm

Student Signature ___________________________ Date ___________________________

Primary Advisor Signature ___________________________ Date ___________________________

Submit completed checklist to the Psychological and Brain Sciences Department by email to psychological.and.brain.sciences@dartmouth.edu, or hard copy to the PBS main office.

For department use only

Chair of the Neuroscience Committee Signature ___________________________ Date ___________________________

Note: Checklist should be submitted to the department, which will obtain the committee chair’s signature.