

**NESC MAJOR SENIOR EXPERIENCE AGREEMENT**  
*DUE Junior year, first day of spring term*

The purpose of this document is to formalize the terms of fulfilling the senior experience requirement for the Neuroscience major. Students must formally declare which option (described below) they will choose for their senior experience **no later than the first day of spring term in their junior year**. By signing and submitting this document, a student has agreed they understand the requirement and their responsibility to complete the work necessary to meet the requirement. Please read and complete this form, then submit to the chair of the NESC program.

**NESC MAJOR SENIOR EXPERIENCE OPTIONS, select one:**

- Biology senior experience (requires NESC advisor and Biology Dept. Chair approval)
- Psychology senior experience (requires NESC advisor and Psychology Dept. Chair approval)
- IS option (requires research advisor, and if different, NESC advisor approval).

The IS option must meet the following criteria:

- 12 units OR 6 units and a summer research experience on the same project
- A 15-20 page paper\* on the project spring term of senior year. Due by the Wednesday before midterm reading period.
- An oral presentation\* and exam with neuroscience faculty, to be scheduled by the first day of spring term, senior year
- Presentation of the project at an appropriate research conference approved by the research advisor

*I have selected the senior experience option indicated above and understand it is my responsibility to complete all requirements for that option in order to fulfill the requirement for the NESC major.*

STUDENT NAME (please print): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**FOR BIOLOGY OR PSYCHOLOGY CAPSTONE OPTION:**

ADVISOR NAME (please print): \_\_\_\_\_

ADVISOR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

DEPT CHAIR NAME (please print): \_\_\_\_\_

DEPT CHAIR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**FOR INDEPENDENT STUDY OPTION:**

RESEARCH ADVISOR NAME (please print): \_\_\_\_\_

RESEARCH ADVISOR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR NAME (please print): \_\_\_\_\_

ADVISOR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

\*If the IS option becomes an honors project, the thesis and oral defense will satisfy these requirements.