EMORY COLLEGE OF ARTS AND SCIENCES | Center for Mind, Brain, and Culture

DECLARATION OF CERTIFICATE
& Student Training Plan

Student Name (Last, First) _____ Student ID Number _____

Home Program _____ Date _____

List **at least five elective courses** that you intend to take towards your MBC certificate. Attach a **course description or synopsis of the topic** if available.

Course Number	Title / Description	Semester (if completed or currently enrolled)

Signature of Primary Advisor _____ Date _____

Printed Name _____

Signature of Director of Graduate Studies _____ Date _____

Printed Name _____

Signature of Certificate Program Director _____ Date _____

Printed Name _____