Name:	
Department:	
Email Address:	
Degree program:	
Date started Degree program:	
Statement of how your work relates to the	ne aims of CEREBBRAI

CEREBBRAL Graduate Student Membership Application

Endorsement from major professor:

As this student's major professor, I affirm that the student's research relates to the aims of CEREBBRAL as described and support their application for membership.

Date

Major Professor's Signature