

Neuroscience and Mental Health Institute 2-132 Li Ka Shing Centre 112 Street & 87 Avenue Edmonton, AB Canada T6G 2E1

## NEURO 501

Course Proposal & Registration Form

Please email a copy of this form to the NMHI office by the end of the first week of the term

NEURO 501 (Fall) Student Name:	NEURO 501 (Winter)	Student ID:
Student Email:	Supervisor Name:	
Approximately 500 word project abstract (to be completed by supervisor):		
Student Signature:	Date:	
Supervisor Signature:	Date:	