

**Psychology Department – Neuroscience major  
University of New Hampshire  
Capstone Designation Form – NSB 798**

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**Student ID**

**Student Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Enrolled 700 level course:**

_____	_____	_____	_____
SUBJECT	COURSE	SECTION	TERM

\_\_\_\_\_  
**Instructor's Signature** **Date**

\_\_\_\_\_  
**Instructor's printed name**

\_\_\_\_\_  
**Student's signature** **Date**

NOTE: The signatures attest to an agreement between the instructor and the student regarding assignment(s) required to successfully complete the capstone requirement.

Please include a brief description on how this course will fulfill the capstone requirement.

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Please submit this form to the Psychology Department. Once this form is submitted with all the necessary signatures, you will be registered for PSYC 798 - a 0 credit capstone course.

**DUE the LAST day of the ADD period.**

**MUST BE SENIOR STATUS TO COMPLETE THE CAPSTONE**