

Neuroscience Experience Form

Name: _____

Class Year: _____

Email: _____

Short Title for the Experience:

Mentor or Supervisor Name and Title:

Mentor or Supervisor Affiliation:

Dates of Project & Schedule (hours/wk):

Mentor or Supervisor

Phone: _____

Mentor or Supervisor

Email: _____

Advisor's Signature and Date _____

Please answer the following questions, both with a rating (circle the most correct response) and a description:

1) On a scale of 1-5, did this experience influence your plan for further education or employment?

Greatly Decreased	Somewhat Decreased	Did Not Change	Somewhat Increased	Greatly Increased
1	2	3	4	5

Explain How? Give examples.

2) On a scale of 1-5, did the experience contribute to your intellectual growth and development?

Strongly Disagree	Disagree	Cannot Say Either Way	Agree	Strongly Agree
1	2	3	4	5

Give examples on how the experience did or did not contribute to intellectual growth:

3) On a scale of 1-5, would you say this experience complemented your major?

Strongly Disagree	Disagree	Cannot Say Either Way	Agree	Strongly Agree
1	2	3	4	5

Explain how the experience did or did not complement your major:

4) On a scale of 1-5, did this experience change your interest in neuroscience?

Greatly Decreased	Somewhat Decreased	Did Not Change	Somewhat Increased	Greatly Increased
1	2	3	4	5

Explain how the experience decreased or increased your interest in neuroscience:
