



# Yeshiva University

## REGISTRAR • FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

1165 Morris Park Ave, Rousso 128A | Bronx, NY 10461 | Phone 646-592-4515 | E-mail resnickregistrar@yu.edu

### DECLARATION OF MINOR Clinical Neuropsychology

Student's Name: \_\_\_\_\_ YU ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am currently enrolled in the following program:

Clinical Health Psychology  Clinical Psychology  School-Clinical Child Psychology  Mental Health

Checklist for Clinical Neuropsychology Minor:

<u>Course Information</u>	<u>Semester Taken</u>
PSH 6014 Science of Cognitive & Affective Function	_____
PSH 6011 Clinical Neuropsychology I	_____
PSH 6012 Clinical Neuropsychology II	_____
PSA 6017 Psychopharmacology	_____

Year-Long Clinical Neuropsychology Externship:

Site Name: \_\_\_\_\_

Start/End Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Dr. Roe Holtzer: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_