Sports Neuropsychology
S o c i e t y

Student Membership Verification Form

Applicant Information:

Student Name: _____

College/University: _____

Degree Program (PhD, PsyD, MS, MA, undergraduate): _____

Major/Area of Specialization: _____

Enrollment Start Date & Anticipated Completion Date: _____

Sponsor Information:
(*Note*: Sponsors do not need to be members of SNS. Sponsors should be faculty/supervisors familiar with the student's educational activities, such as a graduate advisor, clinical or research supervisor, training director, or professor/instructor who can attest to student's enrollment status).

Sponsor Name & Degree(s): _____

Affiliation & Position/Job Title: _____

Email Address: _____

_____   I verify that the student named above is enrolled full-time in an undergraduate or
Sponsor Initials   graduate program from a regionally accredited college or university.

_____   _____
Applicant Signature   Date

_____   _____
Sponsor Signature   Date