Application Form
Honors Research in Cognitive Science
01:185:495 (Fall) and 01:185:496 (Spring)

NOTE: Please submit completed applications to Jo’Ann Meli in Room A129 or via email: jmeli@ruccs.rutgers.edu

Name: __________________________________ Email: _____________________________________
Student ID Number: ______________ College: __________ Graduation Date: _____________
Major(s): _________________________________________________________________________
Minor(s): _________________________________________________________________________
Overall GPA: ______________ (min 3.2) GPA in Cog Sci: ______________ (min 3.5)

Name of Project: ___________________________ Thesis Supervisor: _______________________

Give a brief description of the project you would like to pursue. Include specific information about what you plan to do and what you hope to learn from this project.

Signature of Student: ___________________ Date: __________________
Signature of Thesis Supervisor: ___________ Date: __________________
Signature of Undergraduate Director in Cognitive Science: Date: __________________