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

NOTE: Please submit completed applications to Shiva Patel in Room A133 or via email: shivangi@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: _______________