Research in Cognitive Science Application Form
01:185:395 (3cr) and/or 01:185:396 (3cr)

NOTE: Please submit a completed application to the faculty advisor for approval. Once approved, forward the form to the Undergraduate Director (undergrad@ruccs.rutgers.edu) for final approval so an SPN can be provided for course registration.

Name: _____ RUID #: _____ Email: _____

College: _____ Graduation Date: _____

Major(s): _____ Minor(s): _____

Project Name: _____

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.

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Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

Cognitive Science UGD Signature: _____ Date: _____

SPN #: _____