

Application Form for Graduate Course

"Research in Cognitive Science" (16:185:699)

Name:

Student Number:

Email:

Department:

Entered Program (Year):

Have you taken the
Proseminar (16:185:500)?

If so, what semester and what year was it taken?

What grade did you
receive?

YES or NO

FALL _____ **SPRING** _____

Name of Project:

Project Supervisor:

Supervisor's Department:

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 Supervisor:

Date:

Signature of Student:

Date:

Signature of Graduate Program Director in Cognitive Science:

Date: