Research in Cognitive Science Application
Form 01:185:395 and/or 01:185:396

Please submit completed applications to the faculty advisor for approval. Once approved, an SPN can be provided for course registration.

OPENING THIS FILE IN ADOBE ACROBAT ALLOWS BLANKS TO BE RECOGNIZED AS FORM FIELDS

Name: _____ RUID #: _____ Email: _____

College: _____ Graduation Date: _____

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

Project Name: _____

Number of Credit Hours (*Please circle or highlight one*)

1 Credit 2 Credits 3 Credits

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: _____

(Adobe E-Signature is acceptable)

Faculty Advisor **Name & Signature**: _____ Date: _____

CogSci UGD **Name & Signature:** _____ Date: _____

SPN #: _____