COGS Independent Research Perm. Form.txt

COGNITIVE SCIENCE PROGRAM PERMISSION TO REGISTER FOR INDEPENDENT RESEARCH COURSES

This form MUST be completed prior to registration by all graduate students wishing to enroll in Cognitive Science independent research courses. Authorization will be given for registration only when this form is returned to the Cognitive Science Program office with (1) the instructor’s signature, (2) the title or topic of the project, and (3) the project abstract, if required.

* You may obtain official hardcopies from the Cognitive Science Program in Eigenmann 819.

Student's Name: ___________________________  ID Number: ____________________

Semester: ________________________________

Q799  Readings and Research in Cognitive Science  Section No. ________  Credit hours __
Q899  Dissertation Research  Section No. ________  Credit hours __
G901  Advanced Research  Section No. ________  Credit hours __

Title or Topic of Project: ________________________________________________

+ Description of Output upon Which Grade Will Be Based:

__ Abstract attached

Instructor’s signature ___________________________  Date __________

(If Supervisor is not a COGS faculty member, a COGS faculty member must co-supervise):

COGS Co-Supervisor's signature ___________________________  Date __________

(required ONLY if Supervisor is not COGS faculty)