

**COGNITIVE SCIENCE PROGRAM**

**Information/Application Form for Joint PhD / Minor**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

UnivID#: \_\_\_\_\_

Email: \_\_\_\_\_

Department in which Ph.D. will be pursued: \_\_\_\_\_

Years completed in this department: \_\_\_\_\_

Are you seeking a joint Ph.D. or a minor in Cognitive Science?     Joint Major     Minor

Have you taken Ph.D. qualifying exams in this department?     yes     no

Faculty Advisor: \_\_\_\_\_

Research Advisor: \_\_\_\_\_

Research Topic: \_\_\_\_\_

\_\_\_\_\_

Cognitive Science courses taken:     Q520     Q530     Q540     Q550     Q551     Q733

Other Q courses  
\_\_\_\_\_

Courses cross-listed in Cognitive Science \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return completed form to:  
Susan Towle  
Cognitive Science Program  
Eigenmann 819  
IUB