

**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