

COGNITIVE SCIENCE PROGRAM  
QUALIFYING EXAMINATION RESULTS FORM

STUDENT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COGNITIVE SCIENCE ADVISORY COMMITTEE

NAME(Typed or Printed)	HOME DEPT.	SIGNATURE
_____	_____	_____
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_____	_____	_____

Date of examination(s): \_\_\_\_\_

Results: \_\_\_\_\_

Examination Procedure: \_\_\_\_\_

Return this form to Susan Towle, Eigenmann 819 after **final** portion of examination.