



**Research Presentation Requirement**

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

Student's Signature: \_\_\_\_\_

Date of talk: \_\_\_\_\_

Place of talk: \_\_\_\_\_

Results (Pass/Fail): \_\_\_\_\_

**Director of Graduate Studies Signature:** \_\_\_\_\_

**Faculty that attended talk (at least two or more CogSci faculty)**

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

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

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

**Title of presentation:**

\_\_\_\_\_

**Short Abstract:**

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