



**COGNITIVE SCIENCE
PROGRAM**

INDIANA UNIVERSITY
College of Arts and Sciences
Bloomington

**Ph.D. in Cognitive Science Program
Dissertation Research Prospectus Form**

Student's Name: _____

Student's Signature: _____

Student's Email: _____

Director of Graduate Studies Signature: _____

Dates of Proposal Defense: _____

Results (Pass/Fail) and Recommendations:

Research Advisor and Chairperson's Name: _____

Advisory Committee Chair's (advisor) Signature: _____

Research Committee:

Name: _____ **Signature:** _____ **Date:** _____

Name: _____ **Signature:** _____ **Date:** _____

Name: _____ **Signature:** _____ **Date:** _____