

COGS Independent Research Perm. Form.txt
COGNITIVE SCIENCE PROGRAM PERMISSION TO REGISTER
FOR INDEPENDENT RESEARCH COURSES

*This form **MUST** be completed prior to registration by all graduate students wishing to enroll in Cognitive Science independent research courses. Authorization will be given for registration only when this form is returned to the Cognitive Science Program office with (1) the instructor's signature, (2) the title or topic of the project, and (3) the project abstract, if required.*

* You may obtain official hardcopies from the Cognitive Science Program in Eigenmann 819.

Student's Name: _____ **ID Number:** _____

Semester: _____

Q799 Readings and Research in Cognitive Science Section No. _____ Credit hours _____

Q899 Dissertation Research Section No. _____ Credit hours _____

G901 Advanced Research Section No. _____ Credit hours _____

Title or Topic of Project: _____

+ Description of Output upon Which Grade Will Be Based:

___ Abstract attached

Instructor's signature

Date

(If Supervisor is not
a COGS faculty member,
a COGS faculty member
must co-supervise:)

COGS Co-Supervisor's signature
(required ONLY if Supervisor is not COGS faculty)

Date