

COGNITIVE SCIENCE PROGRAM
QUALIFYING EXAMINATION RESULTS FORM

STUDENT NAME _____

SIGNATURE _____

COGNITIVE SCIENCE ADVISORY COMMITTEE

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

Date of examination(s): _____

Results: _____

Examination Procedure: _____