

**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