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 _____________________________  Date _____________________________

(required ONLY if Supervisor is not COGS faculty)