

COGNITIVE SCIENCE PROGRAM

Information/Application Form for Joint PhD / Minor

Date: _____

Name: _____

UnivID#: _____

Email: _____

Department in which Ph.D. will be pursued: _____

Years completed in this department: _____

Are you seeking a joint Ph.D. or a minor in Cognitive Science? Joint Major Minor

Have you taken Ph.D. qualifying exams in this department? yes no

Faculty Advisor: _____

Research Advisor: _____

Research Topic: _____

Cognitive Science courses taken: Q520 Q530 Q540 Q550 Q551 Q733

Other Q courses

Courses cross-listed in Cognitive Science _____

Please return completed form to:
Susan Towle
Cognitive Science Program
Eigenmann 819
IUB