



**COGNITIVE SCIENCE  
PROGRAM**

INDIANA UNIVERSITY  
College of Arts and Sciences  
Bloomington

**Ph.D. in Cognitive Science Program  
Dissertation Research Prospectus Form**

**Student's Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Student's Email:** \_\_\_\_\_

**Director of Graduate Studies Signature:** \_\_\_\_\_

**Dates of Proposal Defense:** \_\_\_\_\_

**Results (Pass/Fail) and Recommendations:**

**Research Advisor and Chairperson's Name:** \_\_\_\_\_

**Advisory Committee Chair's (advisor) Signature:** \_\_\_\_\_

**Research Committee:**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_