Application for a Certificate in Cognitive Science

Name:		
Student ID:		
	Courses	
You should list the Intro co	ourse, the two Pro-Semin	nars and the three electives
Course Name	Number/section	Semester
1		
2		
3		
4		
5		
6		
	Research Project	
Title:		
Date of Completion:		

Committee

1. Chair:
Name:
Signature and Date:
2. Second Member:
Name:
Signature and Date:
3. Third Member:
Signature and Date:

This form must be completed by anyone who wishes to be awarded the certificate; all elements must be completed, including the three signatures. When it is done, send it to the Director of the Center for Neuro-Engineering and Cognitive Science.