

Distinguished Majors Program Application Form Cognitive Science

Student's Name:

_____ (Last) (First)

ID: _____ Email: _____

Thesis advisor: _____

Department: _____

Second reader: _____

Department: _____

Third reader (optional): _____

Department: _____

Research Area:

Student's signature: _____ Date: _____

**ATTACH A BRIEF DESCRIPTION OF YOUR THESIS PROJECT PROPOSAL
SIGNED BY YOUR ADVISOR AND READER(S).**

THIS FORM MUST BE TURNED IN TO DENNIS PROFFITT NO LATER THAN

_____.