



Cognitive Science Track Application Form

Date ____/____/____

Name	SSN _____ - _____ - _____
(last) (first) (m.i.)	Date of Birth ____/____/____

Address (permanent)

(street) (city) (state) (zip)

Address (local)

(street) (city) (state) (zip)

Telephone (preferred)	Telephone (secondary)	Email Address
() _____ - _____	() _____ - _____	

Major	Name of Major Advisor	No. of Credits Completed _____
Year <input type="checkbox"/> Fr <input type="checkbox"/> Soph <input type="checkbox"/> Jr <input type="checkbox"/> Sr		No. of Credits Currently Enrolled _____

PLEASE INDICATE ALL THE COURSES YOU HAVE COMPLETED (OR ARE CURRENTLY TAKING) FROM THE LISTING BELOW:

<input type="checkbox"/> General Psychology	<input type="checkbox"/> Computer Science 201	<input type="checkbox"/> Introduction to Philosophy
<input type="checkbox"/> Anatomy and Physiology	<input type="checkbox"/> Cognitive Psychology	<input type="checkbox"/> Human Biology
<input type="checkbox"/> Anthropology	<input type="checkbox"/> Philosophy of Mind	<input type="checkbox"/> Computer Science 130

HOBBIES/ INTERESTS:

REASON FOR TRACK SELECTION. PLEASE ATTACH A 1-2 PAGE TYPED SUBMISSION.
NOTE TO TRANSFER STUDENTS: ALSO ATTACH A COPY OF YOUR TRANSCRIPT FROM YOUR PREVIOUS SCHOOL.

OFFICE USE ONLY	<input type="checkbox"/> Admitted <input type="checkbox"/> Not Admitted
GPA _____ Cumulative _____	Authorized _____ Date ____/____/____
Comments	Program Director
	_____ Date ____/____/____
	Honors College Director