## Section I

**DISTINGUISHED MAJORS in the COGNITIVE SCIENCE PROGRAM**

APPLICATION FORM

*Student: Please complete this section. Send the completed form to your DMP mentor for their signature. Once signed, send the application to your second reader for their signature. When you have received both signatures, email the form to* *cogsci@virginia.edu* *Submit the completed form to the Cognitive Science Program director, no later than August 1 of your third year. (For December graduation in the following year, the deadline to file for the DMP is November 30.)*

Student’s Name: e-mail:

Thesis Mentor (First Reader):

Department: e-mail:

Second Reader:

Department: e-mail:

Third Reader (optional):

Department: e-mail:

I expect to have a cumulative College GPA of 3.4 or higher at the time of graduation: ­­ (initial)

# Description of the project:

Give a brief description of your DMP project under the headings below. (The template below is designed as a guide for experimental research projects. If you are planning a theoretical project, contact the Cognitive Science Program Director for instructions.)

1. **Background: (What are the background findings that prompted your hypothesis?)**
2. **Methodology:** (What techniques will you use? What variables will you compare?)

**3) Anticipated Results:** (Which findings will validate your hypotheses? Do you expect any roadblocks? What are the anticipated implications of your project’s results on human well- being, health or scientific advancement?)

# Project Timeline: *Enter the dates below, using your best estimate:*

Completion date for training on the techniques used in the project :

Data collection begins: \_\_\_­­\_\_\_\_­­\_\_\_ Data collection ends:­­ \_\_\_­­\_\_\_\_­­\_\_\_

Data analysis complete: \_\_\_­­\_\_\_\_­­\_\_\_

I will provide an outline of my thesis to the thesis advisor for feedback by (a date in the fall semester is recommended):

I will submit a first draft of the thesis to the Advisor for feedback by (early spring semester is recommended; allow at least two weeks to receive feedback):

**Completed theses will be given to the readers and the Cognitive Science Program by the date indicated on the website**.

## Section II:

***Thesis Mentor:*** *Please initial the following items and sign below.*

* I agree to oversee the work of [student’s name here] during the entirety of

the research project.

* It is feasible to perform the project the student proposes within the timeline indicated. \_\_\_\_\_\_\_\_\_\_\_\_
* All resources necessary for this project are available in or through my lab, and these resources will be made available to the student.
* The proposed project involves human or animal subjects. I will ensure that my student is certified accordingly and is in compliance with the policies of IRB or IACUC. ­­­­\_\_\_\_\_\_\_\_\_\_\_­­­­

\*I will give periodic feedback and will review the student’s final thesis and submit a one-page evaluation based on a rubric provided by the Cognitive Science Program by the department deadline. \_\_\_\_\_\_\_\_\_\_

Thesis Mentor Signature: Date:

***Second and third readers:*** *Please initial the following statement and sign below.*

* I will be available to give feedback to the student during the DMP year. I will review the student’s final thesis and will submit a one-page evaluation based on a rubric provided by the Cognitive Science Program by .

Second Reader Signature: Date:

Third Reader Signature (optional): Date:

***Department Approval***

Cognitive Science Director Approval:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: