DISTINGUISHED MAJORS in the COGNITIVE SCIENCE PROGRAM

APPLICATION FORM

Section I

Student: Please complete this section. Then, print the entire form, and bring it to your Advisor and Readers for their signatures. Submit the completed form to the Cognitive Science Program director, no later than March 31 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 Advisor (First Reader): _____

      Department: _____   e-mail: _____

Second Reader: _____

      Department: _____   e-mail: _____

Third Reader (optional): _____

      Department: _____   e-mail: _____

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

Description of the project:

Give a brief description of your DMP project under the headings below. (The template below is provided as a guide for experimental research projects. If you are planning a theoretical project, contact the Cognitive Science Program 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 possible results on human well-being, health or scientific advancement?)

Project Timeline:

Enter the dates below, using your best estimate:

Training on the techniques to be used in the project will be completed by: _____

Data collection will start by: _____

Data collection will be completed by: _____

Data analysis will be completed by: _____

An outline of the thesis will be given to the thesis advisor for feedback by (a date in the fall semester is recommended): _____

A first draft of the thesis will be given 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: **April 10.**

Section II:

Thesis Advisor: *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 time period 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 to the student. 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 **April 25**. _____

Thesis Advisor 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 **April 25**. _____

Second Reader: _____   Date: _____

Third Reader (optional): _____   Date: _____

Approved by the Cognitive Science Program Director:

_____   Date: _____