



**University of Colorado at Boulder
Institute of Cognitive Science**

Application for Admission to the

____ Cognitive Science Graduate Certificate Program and/or ____ tentative Ph.D. in Cognitive Science

Name _____	Department _____
Campus Office _____	E-mail Address _____
Campus telephone _____	Telephone _____ _____
Campus mailing address _____	
Home Address _____	Permanent Address (if different than Home address) _____
CU Student Number _____	Graduate Status – Circle one MS, MA, Pre comp Ph.D., Post comp Ph. D.

Research Interests:

Use back of form for more space

See attached forms for specific classes needed for either the Ph'D. or for the Certificate Program. Fill out this form according to your plans. On fulfillment of the requirements, fill out again according to the work completed and attach your transcript. Keep one copy and turn one copy in to ICS Office.

Faculty Sponsor _____ Department _____

Faculty Signature _____ Date _____

ICS Academic Program Director _____ Date _____