

## Graduate Specialization in Cognitive Science Outside Research Requirement Completion Form

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Name: \_\_\_\_\_ Home Department: \_\_\_\_\_

Email: \_\_\_\_\_

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Semester(s) that requirement was completed: \_\_\_\_\_

Faculty mentor for completion of outside research requirement \_\_\_\_\_

Department/field of study for outside research: \_\_\_\_\_

Topic of research: \_\_\_\_\_

Method of completion:

- Lab group participation
- Independent study
- Work on collaborative research project
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of faculty member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

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**Instructions for Submission:** After you have completed the form, please either email an electronically signed copy to [info@cogsci.msu.edu](mailto:info@cogsci.msu.edu) or drop off a printed copy to the Cognitive Science Program Office (room 353 in Giltner). You will receive an email confirming that it has been received.

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