

INSTITUTE OF COGNITIVE SCIENCE CARLETON UNIVERSITY

APPLICATION FOR INDEPENDENT STUDY (CGSC 4801/4802)

Student's Name: _____
LAST FIRST

Student Number: _____ Date of Application: _____

Email: _____

Application form must be approved before beginning any work on the project. Permission to register in this course will be granted once approved by the Supervisor. Students will then register for this course only in the term that they will submit the paper.

FALL	WINTER	SUMMER
CGSC 4801 <input type="checkbox"/> CGSC 4802 <input type="checkbox"/>	CGSC 4801 <input type="checkbox"/> CGSC 4802 <input type="checkbox"/>	CGSC 4801 <input type="checkbox"/> CGSC 4802 <input type="checkbox"/>

PROPOSED TOPIC OR TITLE: _____

ON A SEPARATE SHEET, PLEASE GIVE A **DETAILED DESCRIPTION** OF THE WORK TO BE DONE, INCLUDING (AS APPROPRIATE) EXPERIMENTAL DESIGN, BASIC BIBLIOGRAPHIC MATERIALS TO BE SEARCH, ETC. (1 – 2 Page Maximum)

BASIS OF EVALUATION: _____

Supervisor of Independent Study: _____

APPROVED BY

SUPERVISOR: _____ Date: _____
Signature

UNDERGRADUATE: _____ Date: _____
 SUPERVISOR Signature