

**Application
to the
Ph.D. Track in Cognitive Science
for Enrolled UB Graduate Students**

Center for Cognitive Science
University at Buffalo, The State University of New York
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Buffalo, NY 14260
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Name: _____

Student Number: _____

Department _____

Statement of Purpose (Please attach to this form): _____

Signature: _____

Date: _____

Tentatively Planned Cognitive Science Courses:

1. Required Course	CSE/PHI/LIN/PSY 575	Introduction to Cognitive Science
2. Course outside home dept.		
3. Course in third dept.		
4. Course outside home dept.		
5. Additional Course		
6. Additional Course		

Courses _____, _____, _____, and _____ are “central” courses.

Courses _____, _____, _____, and _____ cohere in the topical area.

Faculty Endorsements (two faculty members of the Center for Cognitive Science);

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

Have the following sent to the Center office:

1. A letter of recommendation from your (expected) major professor, who must be a faculty member of the Center. This is, presumably, one of the two above signed endorsers. If your home department is not a “participating” department, submit, in addition, a letter from your department’s Director of Graduate Studies approving your intentions to pursue a Cognitive Science Ph.D. Track.
2. A current UB grade report.

Approved by the Director for CogSci Graduate Admission

Date