

**Cognitive Science
Research Project completion report.**

Cognitive Science Research Project Title: _____

In fulfillment of the 2nd year Research Project requirement.

Student's Name: _____

Date: _____

Signed: _____
(Faculty member's signature)

Date: _____

Signed: _____
(Director of Graduate Studies signature)

Date: _____

_____ PDF file or electronic copy of the research project has been forwarded to Cognitive Science Program.