

Content Specialization Verification Form

For the Ph.D. Degree

(To be submitted with signatures from the Advisory Committee and Director of Graduate Studies when Content Specialization has been completed successfully)

This is to certify that Student's Name: _____, ID : _____, has successfully completed the courses (at least five courses in at least two different departments) for the Content Specialization requirement in Cognitive Science Program.

Content Specialization Topic: _____

Courses:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Committee Chairperson's signature

Date

Director of Graduate Studies signature

Date