



Program in
Cognitive Science

Application to Program of Study

REQUIRED INFORMATION

NAME:

CLASS YEAR:

UNIVERSITY ID NUMBER:

MAJOR (OR CONTEMPLATED MAJOR):

EMAIL ADDRESS:

ADDITIONAL INFORMATION:

Please map out a tentative course of study or list courses you have previously taken or would like to take to meet the certificate requirements.

Please return application to Program Manager, Anna Colasante - <anna@princeton.edu>