

**PLAN OF STUDY TOWARDS A CERTIFICATE IN COGNITIVE
SCIENCE, UNIVERSITY OF MASSACHUSETTS/AMHERST**

Student name: _____

Major department: _____ Application date: _____

Expected date of receipt of terminal degree (indicate masters or doctoral): _____

Proposed courses from list of approved courses:

Dept	Number	Title	If already taken:	
			Semester taken	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Proposed courses not from list of approved courses:

Dept	Number	Title	If already taken:	
			Semester taken	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Rationale: Provide a rationale for the proposed courses, describing how they constitute a coherent approach to cognitive science. Provide descriptions of and justifications for courses not on approved list. Use continuation page as needed.

Certificate Advisor: _____

Department: _____

(Signature of advisor)

(Signature of applicant)