

**Graduate Certificate in Cognitive Science
Cognitive Science Program and The Graduate School
University of Connecticut**

PLAN OF STUDY

Name: _____

PeopleSoft ID: _____

Department/degree program: _____

Course work

12 credits, as follows: (1) required core course (COGS 5001), (2) at least three additional courses from list of qualifying courses, including courses from at least two academic departments/divisions.

Note: The Plan of Study should be submitted in advance to the Cognitive Science Steering Committee for its approval.

Course number	Course title	Credits	Year/semester taken	Instructor(s)
COGS 5001	Cognitive Science Proseminar	3		

Approved by the Cognitive Science Steering Committee

Signature **Name (Printed)** **Date**

(Director, Cognitive Science Program)

Final approval after completion of coursework:

“This student’s coursework meets the course requirements of the Graduate Certificate in Cognitive Science. All requirements for completion of the certificate program have been completed.”

APPROVED BY:

Signature

Name (Printed)

Date

(Director, Cognitive Science Program)