**Certificate Program in the Cognitive Science of Language**

**Application Form**

Instructions: Please TYPE your answers to each question in the spaces provided (it is ok to delete the lines, like “\_\_\_\_” when typing your responses). Then, print the form out, have it signed by your official academic advisor. Scan the signed version and send to Dr. Bob McMurray (bob-mcmurray@uiowa.edu).

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years in PhD program:\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor’s e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed your comprehensive / qualification exams? If yes, when?

Undergraduate Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergrad Major(s) / Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who would you prefer as your Language Science Advisor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed any additional graduate training, either in another program at University of Iowa, or at a different institution? If yes, please list it here, along with a description of the training and whether or not you successfully completed a degree associated with this training.

Current GPA:\_\_\_\_\_\_\_\_\_\_\_\_ Are you in good academic standing in your home department? If not, please explain.

In no more than a paragraph or two below, please explain what language-science related research interests you have, why you are applying to the Certificate Program in the Language Sciences, and how you believe that participation in the program will contribute to your career goals.

Your Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_