

## SECTION 1: STUDENT INFORMATION

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Phone	Email	Birthdate	Gender
University	Major	Graduation Year	
OSU Lab in which you are working			
Area(s) of research being conducted in lab			
Name: Faculty Supervisor		Email: Faculty Supervisor	
Number of Hours Per Week			

## SECTION 2: EMERGENCY CONTACT

Full Name	Relationship to Student
Cell Phone Number	Alternative Phone Number

## SECTION 3: APPLICATION REQUIREMENTS

Along with this form, please email the application materials listed below to [fowler.40@osu.edu](mailto:fowler.40@osu.edu) by **May 6<sup>th</sup>, 2019**.

- One unofficial university transcript
- Signed Faculty Supervisor Agreement Form
- Current resume or CV
- Statement of interest: In 500 words or less, please describe your interest in cognitive science research and why you want to attend CUSI