

Cog Sci Lab Rotation Petition

This petition is used to request a lab rotation with a faculty member outside of the Department of Cognitive Science

STUDENT: _____

Number of courses completed for this requirement: _____

Course being petitioned:

Department and Number:	_____	Title:	_____
Quarter and Year:	_____	Instructor:	_____
Number of Units:	_____		_____

Request and Justification: *(Please include content of coursework you propose to complete)*

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Approved	Denied	_____	_____
		Student's Adviser	Date
Approved	Denied	_____	_____
		Department Graduate Adviser	Date

Outside Faculty Member Agreement:

I agree to supervise the above student in the Cognitive Science class specified. I understand that I am responsible for supervising the student on a weekly basis, creating a method for evaluating the student and assigning a grade for the course. I understand that this is not a paid position and agree to serve as the designated instructor.			
Name	_____	Date	_____
Phone:	_____	Email:	_____

Approved	Denied	_____	_____
		Department Chair	Date

**Attach additional materials on the course (description, syllabus, reading list...) to expedite the petition process.*