

**Rensselaer Polytechnic Institute**

**Department of Cognitive Science**

**Record of the Research Qualifying Examination (RQE)**

Student \_\_\_\_\_

RIN \_\_\_\_\_

Email \_\_\_\_\_

Advisor \_\_\_\_\_

Date of Oral Exam \_\_\_\_\_

Recommendation of the preliminary Committee:

\_\_\_\_ Passed

\_\_\_\_ Failed

Signatures of the preliminary Committee

Print

Sign

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COPIES OF THIS FORM MUST GO TO THE STUDENT, THE STUDENT'S ADVISOR, THE COGNITIVE SCIENCE GRADUATE PROGRAM DIRECTOR, AND THE HASS GRADUATE STUDENT SERVICES ADMINISTRATOR.