**SECOND-YEAR EXAMINATION**

**Submit materials to:**

**Graduate Division**

**120 Aldrich Hall**

**Zot Code 3180**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **STUDENT INFO** | | | | During the first year, in consultation with their advisor, the student should establish an advisory committee consisting of **three faculty members**, including the advisor and at least one other cognitive sciences faculty member. The committee should meet with the student during spring quarter of the first year to determine the student’s area(s) of research interest and to identify the published literature with which the student must be familiar.  At the beginning of the fall quarter of their second year, students will be required to take a second-year examination. It will involve (1) a critical review of work in the student's area of research interest, and (2) an oral examination by the student's committee members. Should the student fail the second-year exam, the student will be allowed to repeat the exam in the winter quarter. A subsequent failure results in the student exiting the program. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | |  | | | | | | | |  | | | |  | | | | | |  | |  | |
| Last | | | | | | | | First | | | | Middle | | | | | | Student ID#: | |
| Student Phone: (     ) | | | | |  | | | | | | | Student E-mail Address: | | | |  | | | | | | | |  |
| Name of Degree: Ph.D. in | | | | | | Psychology | | | | | | | Concentration in Cog Neuro? | | | | | | Yes  No | | | | |
| Year started in graduate program | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | Year | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **2ND YEAR EXAM INFO** | | | | | | | | **Please complete this entire section.** | | | | | | | | | | | | | | | | |
| Title of Paper: | | |  | | | | | | | | | | | | | | | | | | | | |  |
| Date of Exam | | |  | | | | | | | | | | | | | | | | | | | | |  |
| Committee Chair1 | | | | | | |  | | | | | | |  | | | | | |  | | | |  |
|  | | | | | | | Last Name | | | | | | | First Name | | | | | | Department | | | |  |
| Committee Member2 | | | | | | |  | | | | | | |  | | | | | |  | | | |  |
|  | | | | | | | Last Name | | | | | | | First Name | | | | | | Department | | | |  |
| Committee Member2 | | | | | | |  | | | | | | |  | | | | | |  | | | |  |
|  | | | | | | | Last Name | | | | | | | First Name | | | | | | Department | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1The Committee Chair is your graduate advisor.  2 **NOTE:** At least one of your committee members **must** hold a primary appointment in the Department of Cognitive Sciences. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMMITTEE** | | | | | | | | **Please complete this section and indicate whether you recommend that the student has completed the 2nd Year Exam.** | | | | | | | | | | | | | | | | |
| The exam committee confirms that the student completed the 2nd Year Exam on the above-referenced date.  The recommendation of each member is indicated below.  ***Note that the committee must unanimously recommend “PASS” in order for a student to successfully complete the 2nd Year Exam.*** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Name (please print)** | | | | | | | |  | **Signature** | | | | | |  | **Recommendation** | | | | | | |
| Chair1 |  |  | | | | | | | |  |  | | | | | |  | Pass  Fail  Cautionary | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Member2 |  |  | | | | | | | |  |  | | | | | |  | Pass  Fail  Cautionary | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Member2 |  |  | | | | | | | |  |  | | | | | |  | Pass  Fail  Cautionary | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT:** | | | | | | | | ***To acknowledge review and confirm recommendation, please sign and date below:*** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | |
| **Signature** | | | | | | | | | | | | | | **Date** | | |

**SUBMIT COMPLETED FORM TO:**

Department of Cognitive Sciences’ Office

Social & Behavioral Sciences Gateway, room 2201

Zot: 5100

cogsci@uci.edu; (949) 824-6692

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| **FOR DEPARTMENT USE ONLY:** |
| **The final recommendation of the exam committee is:**  Pass  Fail  Cautionary |
| **Graduate Director Date** |