COGNATE SUBSTITUTION FORM

Student Name: (Last, First, Middle): ______________________________________________

Student Number: ___________________________ Student Phone Number: _______________________

Student Email: ___________________________ Major(s): ______________________________________

SCHOOL:
☐ Architecture
☐ Arts & Sciences
☐ Business Administration
☐ Communication
☐ Continuing & International Education
☐ Education and Human Development
☐ Engineering
☐ Frost School of Music
☐ Nursing & Health Studies
☐ Rosenstiel School of Marine & Atmospheric Science

COGNATES SUBSTITUTION INFORMATION

Cognate title: ______________________________________________________________________

Cognate area: Arts & Humanities: ☐ People Society: ☐ STEM: ☐

Cognate Responsible Academic Unit (RAU): ______________________________________________

Proposed course to be used: _________________________________ in place of: __________________________________

Rationale (if required): _________________________________________________________________________________

Name of RAU Representative approving substitution: ____________________________________________

RAU Representative Signature: ___________________________ Date: ___________________

School Advisor/Dean Signature: ___________________________ Date: ___________________

FOR OFFICE USE ONLY:

Updated: ______________________

By: __________________________