COURSE SUBSTITUTION REQUEST
FOR EXISTING THEMATIC COGNATE 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: _________________________________

Course number and name Course number and name

Rationale (if required): _________________________________________________________________________

Name of RAU Representative approving substitution: ________________________________________________

RAU Representative Signature: ______________________________ Date: ________________________________

School Advisor/Dean Signature: ______________________________ Date: ________________________________

FOR OFFICE USE ONLY:

Updated: __________________

By: ________________________