



COURSE SUBSTITUTION REQUEST FOR EXISTING 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: _____