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: ___________________________

Rationale (if required): __________________________________________________________

Name of RAU Representative approving substitution: __________________________________________

RAU Representative Signature: ___________________________ Date: __________________

School Advisor/Dean Signature: ___________________________ Date: __________________

FOR OFFICE USE ONLY:

Updated: __________________

By: ______________________