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: ___________________________

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: _____________________________