UNIVERSITY OF MIAMI

COGNATE SUBSTITUTION FORM

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

Student Number: _____   Student Phone Number: _____

Student Email: _____   Major(s): _____

SCHOOL:
☐ **School of Architecture**
☐ **College of Arts & Sciences**
☐ **Miami Herbert Business School**
☐ **School of Communication**
☐ **Continuing & International Education**
☐ **School of Education & Human Development**
☐ **College of Engineering**
☐ **Frost School of Music**
☐ **School of Nursing & Health Studies**
☐ **Rosenstiel School of Marine, Atmospheric & Earth 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: _____