

## Portuguese Cognate Request Form

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Please attach a copy of the syllabus to this form. An advisor will notify you of a decision via email.

Student Name: \_\_\_\_\_

UMID: \_\_\_\_\_ Unique Name: \_\_\_\_\_

Course requested for cognate approval:

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Subject	Number	Title
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**Office Use Only**

Date submitted:

Accepted/Declined: