

# Application for Spanish Cognate Course

Please attach a copy of the syllabus to this form.  
You will be notified of the decision via email.

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

ID Number: \_\_\_\_\_

Uniqname: \_\_\_\_\_

Telephone: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Course requested for cognate approval:

For office use only
Date submitted: _____
Accepted/Declined: _____
Level: _____

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Subject	Number	Title		
At what level do you hope this class will count? (circle one)	200	300	400	Other: _____