

Application for Portuguese Cognate Course

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:

Subject	Number	Title
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For which foci/area do you hope this class will count? (check one)

National or Regional Focus	
Disciplinary Focus	
Topics Course	
Elective	

Office Use Only

Date submitted:

Accepted/Declined: