

Department of Education  
**Cognate Course Petition**  
(Ph.D. Students)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Division /Program: \_\_\_\_\_

Courses selected to satisfy the cognate requirement must be approved, in order, by your Faculty Advisor, Division Head, and the Office of Student Services. Students are strongly encouraged to obtain these approvals prior to enrollment in cognate coursework.

1. List a minimum of three courses you propose as meeting the cognate requirement. Include course, department, number, title, instructor of record (if available), and a brief course description. Cognate courses may be selected from any degree-granting department(s) on campus (outside of Education). Note: Your advisor/division may require up to five courses to satisfy the cognate requirement.

a.

b.

c.

2. List and describe two alternate courses you will use in the event of scheduling problems.

a.

b.

3. Please describe how the three courses selected in (1) represent a coherent program of study.

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Student's signature

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Advisor's signature

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Director, Office of Student Services signature

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Division Head's signature