**DrPH Cognate Approval Request Form**

During the second year of DrPH coursework, the DrPH students should complete sections A and B. Following approval of the faculty advisor, the form should be submitted to the DrPH Director for review. Ideally the proposed cognate should be approved by the faculty advisor and Director of DrPH prior to initiating coursework.

|  |  |
| --- | --- |
| ***DrPH Candidate Information*** | |
| Student name: | Faculty advisor: |
| Student email: | Completed DrPH credit hours (excluding advanced field placement and dissertation hours): |
| ***Proposed Cognate Information*** | |
| Name of Cognate: | |
| 1. Course number and name: | 1. Date of completion (expected): |
| 1. Course number and name: | 1. Date of completion (expected): |
| 1. Course number and name: | 1. Date of completion (expected): |
| ***Approval Status*** | |
| Approved Denied | Approved Denied |
| Faculty Advisor Signature | DrPH Director Signature |
| Date | Date |
| ***COMMENTS*** | |