

**ANNENBERG SCHOOL FOR COMMUNICATION AND JOURNALISM
SCHOOL OF COMMUNICATION**

REQUEST FOR PH.D. COGNATE COURSE APPROVAL

Name _____ ID# _____

Phone _____ E-mail _____

Proposed Cognate (*Dept. Prefix & Course #*) _____ Term _____ Units _____

Course Title _____

Department _____ Class No. _____
(5 digit)

Professor _____

Course Content: Attach syllabus and statement of how course fits into the student's program.

COMM Faculty Advisor's Comments:

Action taken: APPROVED ☐ DENIED ☐

Signature _____ Date _____
Faculty Advisor, School of Communication

****Return original completed and signed form to Anne Marie Campian, Ph.D. Advisor ~ ASC Suite 140****

Signature _____ Date _____
Tom Hollihan, *Director of Doctoral Studies*

NOTE: *Signed approved forms must be received for individual's file prior to the last day of add/drop period in any given semester.*