

The United States Sports Academy
ATTN:Student Services Cognate Evaluation
 One Academy Drive
 Daphne, Alabama 36526
 Phone: (251) 626-3303
 Fax: (251) 625-1035
<http://www.ussa.edu>
 E-Mail: registrar@ussa.edu



Doctoral Cognate Courses (Pre-Approval) Form

Student's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (____) _____

Intended Term of Enrollment **Fall** **Spring** **Summer** _____
 (year)

Area of Specialization: **Human Resources** **Leadership** **Marketing**

Area of Emphasis: Sports Theory___ Sports Coaching___
 Sports Medicine___ Sports Health & Fitness___

Intended College of Enrollment: _____

Address: _____

Other institution: Course Number and Title	Credit Hours	USSA Course Equivalent

*** USSA will accept transfer credit from other regionally accredited institutions, as long as a grade of B or better is earned. *A catalog course description and course syllabus must accompany this form in order to process the request for cognate course(s).*

*** **Upon completion of these courses, please have your official transcript mailed to:**

United States Sports Academy
Graduate Admissions
One Academy Drive
Daphne, Alabama 36526

Chief Academic Officer or Designee **Date**