



# JD/MPA Course Substitution Form

Student Name: \_\_\_\_\_

Student R#: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Concentration: \_\_\_\_\_

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Courses Requested for Substitution\*

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Notes from the Concentration Advisor:

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Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\*This form must have the syllabus for each substitution course attached to it and must be signed by the concentration advisor before being turned in to the Graduate Advisor:  
Sara Dennis | Holden Hall 116 | [sara.dennis@ttu.edu](mailto:sara.dennis@ttu.edu)