JD/MPA Course Substitution Form

Student Name: ______________________________________________________

Student R#: _____________________        Date: _____________________

Student’s Concentration: ____________________________________________

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 Coordinator: Era Ibarra | Holden Hall 120 | era.ibarra@ttu.edu