MPA/MPH Elective Approval Form

Student Name: ________________________________________________

Student R#: _____________________        Date: _________________

Student’s Concentration: ________________________________________

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Electives 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 elective 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