



MPA Course Substitution Form

Student Name: _____

Student R#: _____ Date: _____

Student's Concentration: _____

Courses Requested for Substitution*

Notes from the Concentration Advisor:

Advisor Signature: _____ Date: _____

*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