MPA Elective Approval Form

Student Name: ________________________________________________

Student R#: _____________________        Date: _________________

Student’s Concentration: ________________________________________

Electives Requested for Substitution*
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____________________________________________________________
____________________________________________________________

Notes from the Concentration Advisor:
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Advisor Signature: __________________________________   Date: ______________

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