MPA/MPH 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: ______________

*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:

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