MPA/MPH Elective Approval Form

Student Name: ________________________________________________

Student R#: _____________________        Date: _________________

Student’s Concentration: ________________________________________

Electives 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 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