



# MPA Course Substitution Form

Student Name: \_\_\_\_\_

Student R#: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Concentration: \_\_\_\_\_

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Courses Requested for Substitution\*

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\_\_\_\_\_  
\_\_\_\_\_

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Notes from the Concentration Advisor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\*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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