



MPA/MPH Elective Approval Form

Student Name: _____

Student R#: _____ Date: _____

Student's Concentration: _____

Electives Requested for Substitution*

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