

ELECTIVE APPROVAL FORM

Students will use this form to take elective courses that are not on your current curriculum guide. Courses taken outside of the department may require additional review and the Program Coordinator will work with the Student and Division Director for approval of courses outside the Division.

Your Name _____ Today's Date _____

UC ID # _____

Degree in which you are enrolled:

- MPH
 MS
 PhD

Program in which you are enrolled MS & PhD Students:

- Biostatistics
 Epidemiology
 Industrial Hygiene
 Occupational Safety & Ergonomics
 Environmental Genetics & Molecular Toxicology

PUBLIC HEALTH Concentrations:

- Biostatistics
 Environmental Health
 Epidemiology
 Health Education / Health Promotion
 Health Services Management
 Global Health
 Occupational Health

Semester in which you are completing this form:

- FALL 20____
 SPRING 20____
 SUMMER 20____

ELECTIVE TO BE ADDED

Course Name: _____ Course Number: _____

Course Credit Hours: _____

Advisor Name: _____

Advisor Signature: _____

ELECTIVE TO BE ADDED

Course Name: _____ Course Number: _____

Course Credit Hours: _____

Advisor Name: _____

Advisor Signature: _____

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Course Name: _____ Course Number: _____

Course Credit Hours: _____

Advisor Name: _____

Advisor Signature: _____