

# Consortium of Eastern Ohio Master of Public Health Elective Approval Form

(Purpose: to have an elective that is not on the Approved Elective List approved. You must submit this application and course syllabus six weeks before course starts)

Name \_\_\_\_\_ Date \_\_\_\_\_

**I wish to take the following elective course:**

Course number \_\_\_\_\_

Course name \_\_\_\_\_

# of credits (indicate semester or quarter) \_\_\_\_\_

Semester/quarter & year \_\_\_\_\_

University of course \_\_\_\_\_

**You must attach the course syllabus (you may also have the instructor send an electronic form of the syllabus) in order to have the course considered.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

*Please send this form and a copy of the syllabus to the CEOMPH office—electronic versions are preferred.  
Please indicate if you have received verbal approval from your academic advisor in lieu of a signature*

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**Program use only**

<u>Criteria</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Comments</u>
Course is graduate level course	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Course has public health relevance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Swing course: has graduate level assignments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Course does not repeat core course material	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Competencies:

Decision

- Elective is approved (must fulfill all criteria). Date:
- Elective is not approved. Date:
- Cannot yet make a determination on this elective:
  - Swing course: need to see if offers graduate level assignment
  - Need more information on course content
  - Other (please comment):

Other comments:

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> reviewer: \_\_\_\_\_ Date \_\_\_\_\_

Student notified: \_\_\_\_\_