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

Program use only

Criteria                                                                                     Comments
Course is graduate level course □ Yes □ No
Course has public health relevance □ Yes □ No
Swing course: has graduate level assignments □ Yes □ No □ NA
Course does not repeat core course material □ Yes □ 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 ______________________

2nd reviewer: ___________________________________________ Date ______________________

Student notified: _____________________________________________________________