

**Department of Environmental &
Public Health Sciences**
Graduate Studies Office



Elective Approval Form

- Students will use this form to take elective courses that are not listed on the current curriculum guide for their program.
- Courses taken outside of the department may require additional review.

Name: _____

Date: _____

UC ID #: _____

UC E-mail: _____

Degree in which you are enrolled:

- Certificate
- MPH
- MS
- PhD

Program in which you are enrolled: _____

Elective Course

Course Name: _____

Course Number: _____

Course Credit Hours: _____

Semester Taken: _____

Elective Course

Course Name: _____

Course Number: _____

Course Credit Hours: _____

Semester Taken: _____

Elective Course

Course Name: _____

Course Number: _____

Course Credit Hours: _____

Semester Taken: _____

Elective Course

Course Name: _____

Course Number: _____

Course Credit Hours: _____

Semester Taken: _____

Advisor Name

Advisor Signature