



UNC CHARLOTTE
Health Psychology Ph.D. Program

Request for Approval of Advanced Research Methods Courses

Date: _____

Name: _____ Student ID# _____

Complete this form if you are planning to enroll in a course that is not included in the student handbook as a “recommended” advanced research methods course.

Title of course and number: _____

Instructor of course: _____

Rationale for requesting approval:

Advisory Committee Chair

(Print name and sign)

Date: _____

Committee members:

(Print name and sign)

Date: _____

(Print name and sign)

Date: _____

Program Director

Date: _____