



UNC CHARLOTTE

Health Psychology Ph.D. Program

Request for Approval of General Concentration Specific Electives

Complete this form to request a course substitution for the General Concentration Specific electives. If possible, please submit a copy of the syllabus along with this form.

Date: _____

Name: _____ **Student ID#** _____

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

(Print name and sign) Date: _____