

REQUEST TO ELECT A CONCENTRATION

Please print using black ink and obtain the required signatures. Submit the completed form to Sharon.S.Cummings@uth.tmc.edu. The student will be notified when the request is approved and forwarded for the student record.

STUDENT NAME

First Name Middle Name Last Name

UTH Email

ID NUMBER

CURRENT CAMPUS	DEGREE PROGRAM	DEPARTMENT/DEGREE PLAN	Check only one concentration per form ELECTED CONCENTRATION
<input type="checkbox"/> Austin	<input type="checkbox"/> MPH	<input type="checkbox"/> Biostatistics	<input type="checkbox"/> Global Health
<input type="checkbox"/> Brownsville	<input type="checkbox"/> MS	<input type="checkbox"/> Environmental & Occupational Health Sciences	<input type="checkbox"/> Health Disparities
<input type="checkbox"/> Dallas	<input type="checkbox"/> DrPH	<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Leadership Studies
<input type="checkbox"/> El Paso	<input type="checkbox"/> PhD	<input type="checkbox"/> Health Promotion & Behavioral Sciences	<input type="checkbox"/> Maternal & Child Health
<input type="checkbox"/> Houston		<input type="checkbox"/> Management, Policy & Community Health	<input type="checkbox"/> Nutrition & Public Health
<input type="checkbox"/> San Antonio		<input type="checkbox"/> Customized degree plan	<input type="checkbox"/> Physical Activity & Health

IN THE SPACE BELOW, WRITE A BRIEF STATEMENT DESCRIBING WHY YOU WANT TO ELECT THE CONCENTRATION

SIGNATURES

Student Signature Date

Primary Faculty Advisor Signature Printed Name of Primary Faculty Advisor

Concentration Faculty Advisor Signature Printed Name of Concentration Faculty Advisor

Submit the completed form to Sharon.S.Cummings@uth.tmc.edu. The section below will be completed by the Office of Academic Affairs and Student Services. The student will be notified when the request is approved and forwarded for the student record.

REVIEW & APPROVAL

Concentration Coordinator Date

Academic Affairs Reviewer Date Submitted to Student Services