



Health Administration Program

**Petition for Elective Approval**

Date:

Name:

UIN:

Course rubric and title:

Course Description (from course explorer):

Please write a few sentences that express how this class furthers your planned program of study.

Student Signature: \_\_\_\_\_

MHA Assistant Director Signature: \_\_\_\_\_

Petition is: Approved  Denied

Decision Date: \_\_\_\_\_