

**MPH/MS School Health
Plan of Study Amendment**

Letter of Memorandum

Student's Name:

To: Plan of Study Committee Members (list names)
Faculty Advisor:
2)
3)

Re: Amendment to Plan of Study

Date:

I am requesting approval to amend my Plan of Study in the following manner:

1) Delete these required courses noted on my POS:

Course #	Course Title	Hours	Semester
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2) Add these required courses:

Course #	Course Title	Hours	Semester
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3) Delete these elective courses noted on my POS:

Course #	Course Title	Hours	Semester
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4) Add these elective courses:

Course #	Course Title	Hours	Semester
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