

**SCHOOL OF PUBLIC HEALTH
EDUCATIONAL POLICY COMMITTEE
DEGREE/TRACK OPTION FORM**

Check type of correction to be made: (1) Deletion ___ (2) Addition ___ (3) Change ___

Change to become effective:

Fall Semester: _____ Spring Semester: _____ Summer Semester: _____

(1) DELECTION

Degree to be deleted: _____

Track to be deleted: _____

Supporting Documentation Must Be Attached

(2) ADDITION

Degree to be added: _____

Track to be added: _____

Supporting Documentation Must Be Attached

(3) CHANGE

Degree to be changed from: _____

Degree to be changed to: _____

Track to be changed from: _____

Track to be changed to: _____

Supporting Documentation Must Be Attached

*****APPROVALS*****

Department Chair

Date

EPC Chair

Date

Senior Associate Dean

Date

Graduate Dean (if required)

Date