



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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**Please Note: Aquinas College reserves the right to change, modify, or amend the above-stated requirements and/or courses in its sole discretion and without prior notice.**

**STATEMENT**

Please below provide a statement of how the chosen electives are related to the specific area of focus.

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