

**MASTER OF PUBLIC ADMINISTRATION  
ADVISING FORM**  
Please print and use pencil

Student Name \_\_\_\_\_

Current Address \_\_\_\_\_

Position and Place of Work (if applicable) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Semester Entered MPA Program \_\_\_\_\_ Anticipated Semester of Completion \_\_\_\_\_

MPA Faculty Advisor \_\_\_\_\_

**CONDITIONS OF ADMISSION** (based on insufficient academic preparation):

Check all that apply based on admissions review:

- \_\_\_\_\_ Must take Govt. 100, Govt 550 (survey) or equiv. prior to or concurrent with core
- \_\_\_\_\_ Must take Govt 330, Govt 540 or equivalent during first year
- \_\_\_\_\_ Must Complete Govt 502 during first year enrolled in the program
- \_\_\_\_\_ Must fulfill accounting requirement prior to taking budgeting
- \_\_\_\_\_ Must take an economics course as part of program of study
- \_\_\_\_\_ Other (explain) \_\_\_\_\_

Check upon  
Completion

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CORE CURRICULUM** (18 credits):

	Semester	Grade	Instructor
GOVT 502 Methods	_____	_____	_____
GOVT 541 Budgeting	_____	_____	_____
GOVT 542 HR	_____	_____	_____
GOVT 544 Analysis	_____	_____	_____
GOVT 547 Org Theory	_____	_____	_____
GOVT 549 Ethics	_____	_____	_____

**PROGRAM OF STUDY** (Application for Admission to Candidacy for Master's Degree):

Should be filed upon completion of 12 credit hours of graduate course work.

Date Submitted \_\_\_\_\_ Option Selected: Thesis \_\_\_\_\_ or Internship \_\_\_\_\_



**THESIS/INTERNSHIP** (6 credits):

**Thesis Option**

Date Prospectus Approved \_\_\_\_\_ Thesis Advisor \_\_\_\_\_

Faculty Approving Prospectus \_\_\_\_\_

	Semester	Credits	Grade	Semester	Credits	Grade	Semester	Credits	Grade	Semester	Credits	Grade
GOVT 599	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Thesis title \_\_\_\_\_

**OR**

**Internship Option**

	Semester	Grade	Academic Advisor
GOVT 510	_____	_____	_____

Placement \_\_\_\_\_

Agency Supervisor (Name, Position & Phone Number) \_\_\_\_\_

	Semester	Grade	Instructor
GOVT 519	_____	_____	_____

**ORAL EXAMINATION**

Chair \_\_\_\_\_

MPA Member \_\_\_\_\_ MPA Member \_\_\_\_\_

Dean's Representative (Name and Dept)\* \_\_\_\_\_

\* must be from minor department if student claims a minor

Date Form filed to Schedule Oral Exam\*\* \_\_\_\_\_ Date of Oral Exam \_\_\_\_\_ Outcome of Oral Exam \_\_\_\_\_

\*\* must have removed all incompletes and, if pursuing the internship option, must have a B- or better in Govt 519

Date MPA Degree Awarded \_\_\_\_\_