THE UNIVERSITY AT ALBANY
Rockefeller College of Public Affairs and Policy
Department of Public Administration and Policy

Ph.D. Completed Degree Program Sheet

STUDENT NAME ________________________________

ADDRESS ________________________________________________

TELEPHONE (HOME) ____________________________ (WORK) ________________________________

MAJOR FIELD ______________________________________

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credits</th>
<th>Semester and Year to be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAD 702</td>
<td>Politics &amp; Administration</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>PAD 703</td>
<td>Economic &amp; Financial Theory</td>
<td>4.0</td>
<td></td>
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<tr>
<td>PAD 704</td>
<td>Research Methods I</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>PAD 705</td>
<td>Research Methods II</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>PAD 708</td>
<td>Organizational Behavior &amp; Theory</td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>PAD 709</td>
<td>Foundations of Public Administration</td>
<td>4.0</td>
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</tr>
<tr>
<td>PAD 881-884 Series: Professional Development*</td>
<td>4.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Applies only to students admitted after 9/1/2006; indicate semesters registered for this series & semester when presentation was made.

Field Courses:

______________________________________________________________________________
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______________________________________________________________________________
Other Courses:

I. Residency requirement. (Indicate below how this requirement was met.)

II. Field (concentration) requirement for admission to candidacy. (Indicate below how this requirement was met.)

REQUIRED SIGNATURES:  (obtain in order)

_________________________________________  __________________________
Student’s Signature  Date

_________________________________________  __________________________
Advisor’s Signature  Date

_________________________________________  __________________________
Field Chair’s Signature  Date

_________________________________________  __________________________
Ph.D. Program Director’s Signature  Date

_________________________________________  __________________________
Department Chair’s Signature  Date

REV: 6/06