Department of Public Administration and Policy

Completed Degree Program Sheet

Name: ____________________________________  Degree Program: Master of Public Administration
Email Address: ____________________________________
Preferred Phone: _____________________________  Student ID #: _____________________________

Complete this degree clearance form by the end of the fifth week of your last semester in the MPA program.

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Instructor</th>
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<tbody>
<tr>
<td>PAD 500</td>
<td>Institutional Foundations</td>
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<tr>
<td>PAD 501</td>
<td>Public and Nonprofit Fin. Mgmt.</td>
<td>4</td>
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<td>PAD 503</td>
<td>Principles of Public Economics</td>
<td>4</td>
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<td>PAD 504</td>
<td>Data, Models, &amp; Decisions</td>
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<td>PAD 505</td>
<td>Statistics for Public Managers</td>
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<td>PAD 506</td>
<td>Foundations of Public Management</td>
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<td>PAD 507</td>
<td>Professional Applications I</td>
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<td>PAD 508</td>
<td>Professional Applications II</td>
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<td>PAD 509</td>
<td>Public Service Intern Seminar</td>
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Proposed Courses in Concentration 1 __________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Proposed Courses in Concentration 2 __________________________________________
__________________________________________
__________________________________________
__________________________________________

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B. Internship Requirement
I have received an internship waiver because my career experience has been fulfilled through at least two years of full-time employment in the public sector.

Yes _______ No _______

If no:

My career experience requirement has been fulfilled through an internship with the following organization(s):

Organization(s) ________________________________________________________________

Period(s) of employment__________________________ Hours per week ____________

Brief Description of Duties ______________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Supervisor________________________________________ Telephone no._________________

Organization(s) ________________________________________________________________

Period(s) of employment__________________________ Hours per week ____________

Brief Description of Duties ______________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Supervisor________________________________________ Telephone no._________________

Required Signatures:

__________________________________________________________ Date

Student

__________________________________________________________ Date

Director of Internships & Career Services

__________________________________________________________ Date

Faculty Advisor

Approved for the faculty by:

__________________________________________________________ Date

Chair