



ROCKEFELLER COLLEGE  
OF PUBLIC AFFAIRS & POLICY

UNIVERSITY AT ALBANY  
State University of New York

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, and obtain signatures from your faculty advisor and the Director of Internships & Career Services, *by the end of the fifth week of your last semester in the MPA program.*

A. Courses

Number	Title	Credits	Grade	Instructor
<b>Core</b>				
PAD 500	Institutional Foundations	4	_____	_____
PAD 501	Public and Nonprofit Fin. Mgmt.	4	_____	_____
PAD 503	Principles of Public Economics	4	_____	_____
PAD 504	Data, Models, & Decisions I	4	_____	_____
PAD 505	Data, Models, & Decisions II	4	_____	_____
PAD 506	Foundations of Public Management	4	_____	_____
PAD 507	Professional Applications I	2	_____	_____
PAD 508	Professional Applications II	2	_____	_____
PAD 509	Public Service Intern Seminar	1	_____	_____

Proposed Courses in Concentration 1 \_\_\_\_\_

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Proposed Courses in Concentration 2 \_\_\_\_\_

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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:**

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Director of Internships & Career Services

\_\_\_\_\_

Date

\_\_\_\_\_

Faculty Advisor

\_\_\_\_\_

Date

**Approved for the faculty by:**

\_\_\_\_\_

Chair

\_\_\_\_\_

Date