Master of Public Administration
Generalist Concentration
Advising Form

Name: _____SS#_____
(Last) (First) (M.I.)

Local Address: _____
(Street) (City) (State) (Zip Code)

Local Phone: ( ) _____Work Phone: ( ) _____

_____ _____
(Undergraduate Major) (Semester/Year Accepted Into Program)

Core Courses	Credit Hours	Semester Taken	Grade	Advisor Initials	Student Initials
Public Administration (PADM 503)	**3**				
Organizational Theory (PADM 508)/ Organization & Systems Mgt. (PADM 564)	**3**				
Statistics (PADM 511)	**3**				
Research Methods (PADM 512)	**3**				
Government Financial Mgmt (PADM 631) Public Finance (PADM 530)	**3**				
Info Systems Mgmt (PADM 543)	**3**				
Human Resource Mgmt. (PADM 562)	**3**				
Ethics & Public Policy (PADM 556)	**3**				
Economics (PADM 563)	**3**				
Other Required Courses					
Thesis/Research Project I	**3**				
Thesis/Research Project II	**3**				
Internship	**3**				
Writing Seminar	**3**				
First Elective	**3**				
Second Elective	**3**				
Third Elective	**3**				
Fourth Elective	**3**				
Fifth Elective	**3**				

Student Signature: _____ Date_____

Department Advisor: _____ Date_____

Department Chair: _____ Date_____