

Master of Public Administration
Non-Profit 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				
Concentration Courses					
Mgmt of Non-Profit Org. (PADM 551)	3				
Grantsmanship and Fund Dev. (PADM 552)	3				
Housing and Community Dev (PADM 545)	3				
Program Evaluation (PADM 554)	3				
Other Required Courses					
Thesis/Research Project	6				
Internship (PADM 583)	3				
Writing Seminar (PADM 502)	3				
Elective	3				

Student Signature: _____ Date _____

Department Advisor: _____ Date_____

Department Chair: _____ Date _____