

School of Public and Environmental Affairs
MPA or Joint MPA Program Specialized Concentration Form

Student Name: _____ **Student ID#:** _____

Concentration Area: _____

Degree or Certificate: _____

I. Rationale for this concentration:

II. Specialized concentration title:

Dept. _____ **Course** _____ **Title** _____

Dept. _____ **Course** _____ **Title** _____

Dept. _____ **Course** _____ **Title** _____

Dept. _____ **Course** _____ **Title** _____

Dept. _____ **Course** _____ **Title** _____

Dept. _____ **Course** _____ **Title** _____

Dept. _____ **Course** _____ **Title** _____

III. Indicate why these courses are appropriate for this concentration:

Student's Signature *Date*

*Faculty Advisor's Signature** *Date*

*Faculty Advisor's Signature** *Date*

***ALL students must seek the approval of two faculty advisors. Joint MPA/MSES students must obtain approval from one Public Affairs and one Environmental Science faculty advisor.**

Program Director's Signature *Date*