



**Master of Public Administration
Program Development Form**

Project your entire program
by writing in the classes you expect to take.

Name of Student _____ Student # _____
 Mailing Address _____ Email _____
 _____ Phone (H / C) _____
 Advisor _____ Start Date _____ (W) _____

Graduate Credits Transferred (must be approved; maximum 9 credits, except from ISU and UI)

Core Courses (15 credits) / Culminating Activity (3 credits)	# Credits	Grade	Semester Enrolled	
			Proposed /	Actual
PUBADM 500: Administration in the Public Sector	3	_____	_____	_____
PUBADM 501: Public Policy Process	3	_____	_____	_____
PUBADM 502: Organizational Theory	3	_____	_____	_____
PUBADM-504: Public Budgeting & Financial Administration	3	_____	_____	_____
PUBADM-505: Public Personnel Administration	3	_____	_____	_____
PUBADM-692: Capstone Course [Assessment must be taken in final semester]	3	_____	_____	_____

Methods Sequence (6 credits)

	# Credits	Grade	Semester Enrolled	
			Proposed /	Actual
SPS 501: Social Science Research Design	3	_____	_____	_____
And select an additional three credits from:			_____	_____
SPS 502: Quantitative Methods for Social Sciences	3	_____	_____	_____
SPS 503: Qualitative Methods for Social Sciences	3	_____	_____	_____
SPS 505: Public Policy Analysis	3	_____	_____	_____
SPS 506: Program Evaluation	3	_____	_____	_____

Electives (12 credits) – Please see advisor

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



BOISE STATE UNIVERSITY
SCHOOL OF PUBLIC SERVICE

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PUBADM 590: Public Service Internship (0-3 credits)

Not required (* waived by petition document on file)

Required

RE: PPA Forms Checklist - [NLCP](#), [RAAR](#), [AAC](#)

Total Credit Hours (36 - 39 credits)

Approvals

Student _____ Date _____
Advisor _____ Date _____
Graduate
Coordinator _____ Date _____

Distribution

Original – MPA Program
2nd – Student email