**MPA Program Audit Form**

Student _________________________________________  Student # ________________

Start Date: ______________________________

PA Required Credits:  

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSC 481G/500</td>
<td></td>
<td></td>
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<tr>
<td>PCS 501 or 545</td>
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<tr>
<td>PSC 502</td>
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<tr>
<td>PSC 504 *</td>
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<tr>
<td>PSC 531</td>
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<tr>
<td>PSC 532</td>
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</tbody>
</table>

Current GPA: ____________________________

Reviewed By: ____________________________

Date Reviewed: __________________________

Date MPA Comp. Exam Advisement: ______________

Date MPA Comp. Exam: ______________________

**Concentration:**

- Athletic Admin/Sport Management (15-16)
- Business (15)
- Criminal Justice (15)
- Education (15-16)
- Emergency Management (15)
- Environmental Science Management (15)
- Political Science (15)
- Spatial Analysis Management/GIS (15)

Elective Credits (6):

Graduation: __________________________________________

**Note:** *= 504 is required for all MPA students entering the program after Fall 2009

PA Adviser: ________________________________