



DEPARTMENT OF PUBLIC ADMINISTRATION
PLAN OF STUDY MASTER OF PUBLIC ADMINISTRATION (MPA)
NONPROFIT MANAGEMENT EMPHASIS

The Plan of Study must be completed with your faculty advisor before matriculation is processed. Print legibly (both sides) and sign the back of the form. Your Plan of Study is *tentative* and subject to change depending on course availability.

<i>First name</i>	<i>Middle Initial</i>	<i>Last name</i>	<i>Maiden</i>
<i>Social Security Number or Banner ID</i>		<i>E-mail address</i>	
<i>Permanent Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>Home telephone</i>		<i>Work telephone</i>	

MPA Curriculum and Degree requirements can be found at www.brockport.edu/pubadmin/curriculum.html.

Core Courses	Semester	Grade	Credits
PAD 640 Financial Management			3
PAD 646 Foundations of the Nonprofit Sector			3
PAD 678 Nonprofit Management			3
PAD 680 Public Policy			3
PAD 682 Organizational Behavior			3
PAD 685 Human Resource Management			3
PAD 687 Statistics for Managers			3
PAD 688 Research and Program Evaluation			3
PAD 696 Project Paper/Portfolio Seminar			3
<i>TOTAL MPA CORE CREDITS:</i>			27
Elective Courses including <i>APPROVED</i> transfer credit (requires advisor approval and <u>official</u> transcripts). Must include one elective with computer component	Semester	Grade	Credits
1)			
2)			
3)			
4)			
5)			
<input type="checkbox"/> Advisor has approved waiver of elective with computer component.			
<input type="checkbox"/> Student has been advised of a site Internship as a possibility.			
<i>TOTAL MPA ELECTIVE CREDITS:</i>			15
<i>TOTAL CREDITS:</i>			42

Please check if you are also pursuing the Certificate in Arts Administration.

(OVER)

Please answer the following brief questionnaire. Your responses are confidential.

1. Your current position/job title: _____

2. Your current employer: _____

3. How many people do you supervise in your current position?

4. In what field are you currently employed?

Public Safety/Security

Health Administration

Nursing

Long Term Care

Hospital

Mental Health, Developmentally Disabled

Nonprofit

Government _____

Education

Business/Private Sector

Other: _____

5. Your date of birth: _____

6. Gender: Male Female

7. Will you be enrolling: Full-time or Part-time

8. Your ethnic origin: Your response to the following question is voluntary, but federal civil rights legislation and implementing regulations require the university to submit counts of its student body by racial/ethnic categories. Your cooperation, therefore, while voluntary, is essential to the reporting of this information.

African-American, non-Hispanic

American Indian/Native Alaskan

Asian/Pacific Islander

Hispanic/Latino

White, non-Hispanic

Other (not listed) _____

9. How did you hear about the MPA program at The College at Brockport?

Word of Mouth

Poster

Advertisement

Mailing

Graduate Catalog

Other: _____

10. Why did you choose Brockport's MPA program? Check all that apply.

Quality and reputation of the program

Affordability

Convenient location

Curriculum matched my interests/goals

Career advancement/position required a master's-level degree

11. Did you consider other programs before making your decision to attend graduate school at Brockport?

No, Brockport was my first choice.

Yes. If yes, what other colleges/programs did you consider? _____

12. Have you consulted our Web page? Yes No

Student's Signature

Advisor's Signature

Date