

**MASTER IN PROFESSIONAL ACCOUNTING PROGRAM  
REQUEST FOR APPROVAL OF A COURSE OUTSIDE THE BUSINESS SCHOOL**

PLEASE ATTACH A COURSE SYLLABUS WITH THIS REQUEST FORM.

SEMESTER TO BE TAKEN: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ ADVISOR: \_\_\_\_\_

NAME: \_\_\_\_\_ EID: \_\_\_\_\_

REQUESTED COURSE: DEPT ABBR. \_\_\_\_\_ COURSE #: \_\_\_\_\_ UNIQUE #: \_\_\_\_\_

THE INSTRUCTOR IS: REGULAR FACULTY: \_\_\_\_\_ or PH.D STUDENT: \_\_\_\_\_

WHAT OTHER COURSES HAVE YOU TAKEN IN THIS AREA?

\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO TAKE THIS COURSE AND HOW DOES IT FIT IN WITH YOUR CAREER OBJECTIVES?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU MUST RECEIVE APPROVAL PRIOR TO REGISTERING FOR THE CLASS.**

PLEASE NOTE THAT ONLY TWO COURSES OUTSIDE THE BUSINESS SCHOOL (SIX CREDIT HOURS) MAY COUNT TOWARD YOUR MPA PROGRAM.

PLEASE CONSULT POLICY MEMO FOR REQUIREMENTS CONCERNING CREDIT FOR A COURSE OUTSIDE THE BUSINESS SCHOOL.

*For Office Use Only:*

APPROVED: \_\_\_\_\_ NOT APPROVED: \_\_\_\_\_

ADVISOR NOTES: \_\_\_\_\_

\_\_\_\_\_  
MPA ADVISOR

\_\_\_\_\_  
DATE