REQUEST FOR APPROVAL OF AN UPPER-LEVEL UNDERGRADUATE COURSE IN THE MASTER IN PROFESSIONAL ACCOUNTING PROGRAM

DATE OF REQUE	ST:	ADVISOR: _	
NAME:		UT EID:	
REQUESTED CO	URSE: DEPT ABBR	COURSE #:	UNIQUE #:
THE INSTRUCTO	R IS: REGULAR FAC	ULTY: or PH.D STU	JDENT:
CLOSEST GRADI	JATE COURSE EQUIV	ALENT:	
WHAT OTHER CO	OURSES HAVE YOU T	AKEN IN THIS AREA?	
WHY DO YOU W CAREER OBJECT		OURSE AND HOW DOE	ES IT FIT IN WITH YOUR
TOWARDS A 30-	TO 31-HOUR MPA PRO	OGRAM. A MAXIMUM	T HOURS MAY COUNT OF NINE UPPER-LEVEL A 33- TO 43-HOUR MPA
	RECEIVE DEGREE CRI EL COURSE AT A SUI	EDIT SHOULD YOU CH BSEQUENT DATE.	OOSE TO TAKE THE
PLEASE CONSUL AN UNDERGRAD		R REQUIREMENTS CON	ICERNING CREDIT FOR
For Office Use Onl			
For Office Use Onl	NOT APPROVED:		

DATE

MPA ADVISOR