

**Return this form to**

**School of Public Administration**

Social Sciences Building, room 3022

Phone 505-277-1092 │Fax 505-277-2529

[spadvise@unm.edu](mailto:spadvise@unm.edu)

UNM SPA Graduate Course Authorization Request

**Please submit this form prior to registering for a course.**

Student Name: UNM ID:

UNM Email: Phone:

Degree: Concentration (if applicable):

Type of Course: Concentration Elective

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Authorization Request** | | | | | |
| **Proposed Course Request:** | | | | | |
| **Institution/Dept/College** | **Course Number (ex. OILS 4000)** | **Course Title** | **Sem/Yr Taken or Taking** | **Instructor** | **Credit Hours** |
|  |  |  |  |  |  |
| ***Reason for this authorization course request (please attach explanation):*** | | | | | |

Required Attachments:

Course Catalog Description

Syllabus of Substitution Course

\* All 300 & 400 level courses must be graduate level approved by the Office of Graduate Studies (OGS). A Graduate Credit Authorization card (green card) must be signed by the course instructor and the OGS Administrator.

Student Signature Date

**APPROVALS:**

Instructor of Proposed Course Substitution Date

Director, School of Public Administration Date

Additional Approvals (Initials):