

**Return this form to**

**School of Public Administration**

Social Sciences Building, room 3022

Phone 505-277-1092 │Fax 505-277-2529

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

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| --- |
| **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):