**STUDENT INFORMATION**

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| **Name:**       | **NAU ID:**        |
| **NAU E-mail Address:**        | **Phone Number:**       |
| **Term of Admission:**         | **Expected Graduation Term/Year:**        |
| **Advisor:**       | **Required Credits for Degree Program: 12** |

I. **Required Courses (6 units required):**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| POS 541 | Public Administration |       |       |       |       |       |       |
| POS 543 | Organizational Behavior |       |       |       |       |       |       |

**II. Select from the following courses (6 units required):** POS 501, POS 527, POS 528, POS 531, POS 532, POS 533, POS 534, POS 535, POS 536, POS 537, POS 538, POS 539, POS 541, POS 542, POS 543, POS 544, POS 571

With your advisor's approval, you may choose POS 552, or a 600-level POS course.

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
|       |       |       |       |       |       |       |       |
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**Additional Information**

Please note that 3 units may be transferred into this program from another university.

This certificate may be pursued and completed concurrently with a degree program or as a stand-alone certificate. Under both circumstances, federal financial aid can be used for this certificate.

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name below, you agree to the following statement:

 *“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (formal digital signatures are permitted) in the space provided.

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| **Student:**       | **Date:**       |
| **Advisor:**       | **Date:**       |
| **Chair:**       | **Date:**       |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree