



## **MASTER OF PUBLIC SERVICE AND ADMINISTRATION REQUEST FOR INDIVIDUALLY DESIGNED CONCENTRATION**

\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
UIN

\_\_\_\_\_  
ANTICIPATED GRADUATION DATE

Name of proposed concentration: \_\_\_\_\_

Name and number of proposed concentration courses:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PSAA Department Head

\_\_\_\_\_  
Date