

PAPA Elective Credit Student Request Form
Elective Credit Form Non-PAPA Graduate Courses

Date: _____ SIUE ID Number: _____

Name: _____

Email: _____

Home Phone / Cell Phone: _____

Semester: _____ Year: _____

Course Requests:

Subject	Course Number	CRN #	Credit Hours

You will need to address each area below with a paragraph of at least 5-7 sentences in length. Please attach a course syllabus along with the following requested information to this form.

1. Paragraph one will provide a description of the requested course.
2. Paragraph two will describe how the above course/courses fit into the MPA program and the public administration field.
3. Paragraph three will define how the course will fit into your future career goals.
4. **Submit Graduate Student Request Form to avoid delay in processing.**

Student Signature: _____ Date: _____

***Please allow 2 weeks processing time for this request.**

This form needs to be submitted prior to enrollment in the requested course.

You will be notified of the result by email.

**Submitting this form does not guarantee approval by the
PAPA Department or Graduate School.**

Office Use Only

Department Chair Signature: _____

Approved Elective Credit

Disapproved Elective Credit