

University of Tennessee, Knoxville
MPA/MPP/MPPA ADVISEMENT FORM



Students **must** complete this form **before registering for graduate courses**. Please refer to the general advising email for selecting your courses. Please also complete the **second page of this form**.

Send your completed form to our Assistant Director, Mrs. Zoe Webb, at zcarihfie@utk.edu.

If you have concerns, please email her or schedule an appointment.

Student's Name: _____ Student ID: _____

Term and Year: _____ Program (MPA, MPP, MPPA, MPA Online): _____

COURSE CODE	COURSE TITLE	CREDITS	PROF.

STUDENT'S SIGNATURE _____ DATE _____

DIRECTOR'S SIGNATURE _____ DATE _____

Please use the space below to include **all courses you have taken so far** in progress of your degree.

Anticipated graduation date: _____ Certificate/Concentration: _____

COURSE CODE	COURSE TITLE	SEMESTER TAKEN	PROF

TOTAL NUMBER OF COURSE CREDIT HOURS COMPLETED: _____