

MPA Field of Interest Course Selection and Competency Evaluation

MPA Faculty: This form must be filled out at the student's mid-program review and approved (with your signature) prior to graduation.

Student _____ **UO ID** _____

Advisor _____ **Field of Interest** _____

Student's objectives for completing this field of interest:

Student Initials _____ Date _____

Faculty advisor's definition of competency in this field of interest:

Faculty Advisor Initials _____ Date _____

Courses and projects completed to achieve competency in this field:

Approved by (Faculty Advisor Signature): _____ Date _____