

**WAYLAND BAPTIST UNIVERSITY  
MASTER OF PUBLIC ADMINISTRATION DEGREE**

Academic Catalog: 2014-15

Acceptance Date:

Semester Hours Summary

Req Have Need

Name:

Required Core Curriculum

18 0 18

PCID:

Area of Specialization

18 0 18

Degree: MPA in Government Administration

Wayland Residency

24 0 24

5000-Level Courses

24 0 24

Campus:

**Total hours required (Min. 36)**

**36 0 36**

**REQUIRED CORE CURRICULUM**

**Req Have Need**

**18 0 18**

**Coll Hours Grade**

**AREA OF SPECIALIZATION**

**GOVERNMENT ADMINISTRATION**

**Req Have Need**

**18 0 18**

**Coll. Hours Grade**

BUAD 5304 Ethics

BUAD 5315 Legal Environment

FINA 5310 Public Finance

MGMT 5320 Research Methods\*

PUAD 5303 Public Administration\*

PUAD 5340 Public Administration Capstone

\*Should be taken within the first three courses

**LEVELING PREREQUISITE (IF REQUIRED)**

MGMT 3304 Principles of Management

MGMT 3304 or its substantial equivalent is an absolute requirement prior to registering for any graduate level MGMT class in the specialization area.

18 hours from the following with no more

than 9 hours from non-PUAD courses:

PUAD 5300 Criminal/Civil Law: A Comparative Analysis

PUAD 5306 Administrative Law

PUAD 5307 Emergency Management

PUAD 5313 Applied Alternative Dispute Resolution

PUAD 5317 Special Topics in Government Administration

PUAD 5318 Current Issues in Public Administration

PUAD 5320 Cultural Diversity -OR-

MGMT 5313 Diversity Management

MGMT 5305 Organizational Theory

MGMT 5306 Leadership and Management Development

MGMT 5309 Strategies of Human Resource Management

MGMT 5325 Organizational Development and Change

MGMT 5330 Negotiations in Management

**LEGEND**

**TOTAL HRS**

|                                  | ON DP |  |
|----------------------------------|-------|--|
| WBU - WAYLAND BAPTIST UNIVERSITY | 0     |  |
| TR - TRANSFER COLLEGE            | 0     |  |
| UC - UNDERGRADUATE COURSEWORK    | 0     |  |
|                                  | 0     |  |

**PRELIMINARY:**

Not Official Without Approved Signature

Campus:

Advisor:

Name:

PCID:

Student Address:

City:

State:

Zip: