

Department of Public Administration

Elective Approval for Non-PADM Courses

Name: _____

Email Address : _____

Course you would like to take —

Course Letters	Course No.	Course Name	Course Description
----------------	------------	-------------	--------------------

Faculty Member Teaching Class: _____

I have confirmed this teacher is a member of the graduate faculty: <https://webn01.apps.lsu.edu/GradFaculty/>

If available, please attach a course syllabus.

Please email completed form to **pa@lsu.edu** to request approval.