

Print Name _____ 7 Digit SOLAR ID _____ Date _____
 Signature _____ UW-Parkside Email _____ @rangers.uwp.edu
 Address _____ Phone _____

NOTE: Submit this completed form to the Master of Arts in Applied Professional Studies for approval.

PROGRAMS	DEPARTMENT/PROGRAM APPROVAL
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Master of Arts in Applied Professional Studies <input type="checkbox"/> Declare <input type="checkbox"/> Cancel <p style="text-align: center; color: green;"><i>Must choose 1 concentration</i></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Leadership in Public Service <input type="checkbox"/> Declare <input type="checkbox"/> Cancel </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Data Visualization and Interpretation <input type="checkbox"/> Declare <input type="checkbox"/> Cancel </div> <div style="border: 1px solid black; padding: 5px;"> Content Expertise for the Professional Educator <input type="checkbox"/> Declare <input type="checkbox"/> Cancel </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Accepted <input type="checkbox"/> Denied </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Assigned Advisor: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Advisor SOLAR ID: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Authorized Department Signature: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Print Authorizer's Name: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date Signed: </div> <div style="text-align: center; padding: 20px 0;"> <p style="color: green;">Department: Submit this form to the Office of the Registrar for processing.</p> </div>

OFFICE OF THE REGISTRAR

DATE: _____ INITIALS: _____