

**ST. CLOUD STATE UNIVERSITY
School of Graduate Studies**

Application for Program Approval:

Master of Science: Public Safety Executive Leadership

Social Security Number _____ Date _____

Name in Full _____ Address _____

Home Phone _____ Business Phone _____ Present _____ Position _____

Email Address _____ Address _____

I request transfer of the following courses: (Official transcripts of all transfer credits which have been completed must be received in the Graduate Office before program can be approved.)

Dept. and Course No.	Name of College or University	Sem./Qtr.	Hours	Grade	Date Taken

Plan C, Portfolio _____ Practicum Location _____

(The area below this broken line should not be filled in by the applicant.)

I certify that this student is eligible for program approval and that I approve the program outlined in this application.

Major Adviser _____

The program outlined in this application complies with the minimum course requirements set by this University for the Master's degree.

Graduate Dean _____

Student notified: _____

Proposed Semester Program of Study

Plan C, Portfolio (36 credits minimum)

Dept	Number	Course Title	Instructor	Sem./Yr.	Credit	Grade
I. Core (required): 24 credits						
PSEL	610	Advanced Leadership Skills	_____	_____	4	_____
PSEL	620	Budgeting in Public Safety	_____	_____	4	_____
PSEL	640	Planning and Change—A Vision to the Future	_____	_____	4	_____
PSEL	660	Human Resource Management for Public Safety	_____	_____	4	_____
PSEL	680	Understanding and Utilizing Public Safety Research	_____	_____	4	_____
PSEL	690	Leadership Capstone Course	_____	_____	4	_____
_____	_____	_____	_____	_____	_____	_____
Total Credits in Core:					_____	_____

II. Electives: 12 credits (with approval of adviser)

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Total Credits in Electives:					_____	_____

Total Credits in Program _____

Signature of Applicant

PROGRAM REQUIREMENTS

1. Credit limitation on transfer and extension credit (combined)--10 credits.
2. Credit limitation on Workshop--Plan C, 10 Cr.
3. Required: one-half of the minimum requirements for the entire program must be completed in 600-level courses.
4. A final oral defense of the portfolio is required.