

Department of Urban and Regional Planning
Master of Urban Planning Program
Effective 2009

GENERALIST TRACK APPLICATION FORM

Name _____ _____ Date

UB Person Number _____

Current Address _____

City, State, Zip _____

Telephone Number _____

The following courses have been or will be completed:

Option 1: (Practice)

Second studio: PD 581 _____
(fill in section and semester)

Two introductory courses from other specializations:

PD _____

PD _____

Option 2: (Methods)

PD 513 _____

One additional methods course: PD _____

Two introductory courses from other specializations:

PD _____

PD _____

APPROVAL:

Student:

Signature _____ Date _____

Faculty Advisor:

Name _____

Signature _____ Date _____

Department Chair:

Name _____

Signature _____ Date _____