

Master of Science in Accounting Graduation Application Form

Please type or print clearly Student Identification Number: _____

Name to appear on diploma (must be the same as on file in the Registrar's Office):

Note: Diploma will be mailed to the address on file in WISER

Preferred Email Address to be used after graduation: _____

Anticipated degree date: June 20____ August 20____ December 20____

***Please be sure to return this form to the Graduate College of Management (M-5-606). Remember to attach/enclose a check for **\$180.00** payable to UMass Boston to cover the diploma fee.

Part I List only graduate courses to be counted toward the MSA degree at UMass

Boston. Please complete all boxes by writing the semester, credits and grade for all core courses. If you received a waiver, please only place a 'W' in the last column. If you transferred a course into the Program, please place a 'T' in the last column and the name of the University you are transferring the course.

Course Name & No.	Sem/Yr	Credit	Grade Received
MBAMS 600 Mathematical Analysis			
MBA AF 601 Economics for Managers			
MBA AF 610 Accounting for Managers			
MBA AF 611 Intermediate Accounting			
MBA AF 612 Cost Accounting			
MBA AF 613 Federal Tax Planning			
MBA AF 614 Financial & Managerial Auditing			
MBA AF 618 Accounting Information Systems			
MBA AF 620 Financial Management			
MBAMGT 650 Organizational Analysis & Skills			
MBAMGT 664 Legal Environment of Business			

Part II Accounting Electives Students must complete **3 accounting elective** courses to complete the MSA degree.

Course Name & No.	Sem/Yr	Credit	Grade Received

Part III Capstone Course Students must complete **one** capstone course to complete the MSA degree.

Course Name & No.	Sem/Yr	Credit	Grade Received
MBA AF 691 Financial Accounting Theory & Analysis			

I certify that all information given in this application is true and complete.

Signature of candidate: _____ Date: _____

Do not write below this line

Graduate Program Director's Approval

I recommend that _____ be awarded the Master of Science in Accounting degree.

This degree will be effective as of
June 20 _____ August 20 _____ December _____

Graduate Program Director's Signature

_____ Date _____

The information furnished by the above named candidate has been verified from my program's records.

Comments:
