

## **Master of Science in International Management 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 MSIM 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.

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 620 Financial Management			
MBAMKT 670 Marketing Management			
MBAMGT 650 Organizational Analysis for Managers			
MBAMGT 660 Business and Its Environment			
MBA AF 626 International Financial Management			
MBA AF 630 International Economy & Business			
MBAMGT 675 Managing in Global Economy			
MBAMKT 674 International Marketing			

**Part II Business Electives** Students must complete **four** elective courses to complete the MSIM degree.

Course Name & No.	Sem/Yr	Credit	Grade Received

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

Course Name & No.	Sem/Yr	Credit	Grade Received

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

Signature of candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**Do not write below this line**

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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 20\_\_\_\_

Graduate Program Director's Signature

\_\_\_\_\_ Date \_\_\_\_\_

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

Comments:

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