

Master of Business Administration Degree 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____

Are you completing a specialization? _____

List specializations here: _____

***Please be sure to return this form to the Graduate College of Management Welcome Center, McCormack 5th floor. 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 MBA 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. For all courses you are currently enrolled, please place an "IP" for in progress.

Course Name & No.	Sem/Yr	Credit	Grade Received
MS 600 Mathematical Analysis for Mngrs			
AF 601 Economics for Managers			
AF 610 Accounting for Managers			
AF 620 Financial Management			
MS 630 Statistical Analysis for Managers			
MS 635 Operations Management			
MS 640 Computer Info. Processing Systems			
MGT 650 Organizational Analysis & Skills			
MGT 660 Business and It's Environment			
MKT 670 Marketing Management			
GT 689 Strategic Management			

Part II Business Electives

Students are required to complete (8) electives total. Students will need to complete courses that range over (4) different functional areas: **ACCT, FIN, OPS, IS, MKT, MGT or COM**. In addition (1) course overall must be international. Students that are selecting a specialization should consult with the Graduate College of Management Office for the requirements for completing each specialization.

	Course Name & No.	Sem/Yr	Credit	Grade Received
1				
2				
3				
4				
5				
6				
7				
8				

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 Business Administration degree.

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

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

Signature of Program Director _____

Comments: _____

