



**MASTER OF BUSINESS ADMINISTRATION
PROPOSED PROGRAM OF GRADUATE STUDY**

T No. _____ Name _____

	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
BACKGROUND COURSES Credit not counted toward degree		Basic Accounting			3	
		Basic Finance			3	
		Fundamentals of Economics			3	
		Quantitative Techniques for Business			3	
		Business Law and the Legal Environment			3	
		Management and Organization			3	
		Basic Marketing			3	
TRANSFER CREDIT						
COURSES TAKEN OR TO BE TAKEN at TTU to count toward degree	ACCT 6010	Accounting Information for Mgmt Decisions	TTU		3	
	FIN 6020	Financial Management	TTU		3	
	ECON 6050	Analytical Decision Making	TTU		3	
	MKT 6100	Strategic Marketing	TTU		3	
	BMGT 6200	Organizational Leadership	TTU		3	
	DS 6220	Management of Information Technology	TTU		3	
	BMGT 6950	Business Strategy	TTU		3	
		Elective	TTU		3	
		Elective	TTU		3	
		Elective	TTU		3	
Do you anticipate using Human Subjects in your research? NO ___ YES ___ If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.						
TOTAL Semester Hours Credit to be Counted Toward Degree					30	

6 years expires end of _____ (term) _____ (year)

Approved for MBA Executive Committee

Date

Dean of College

Date

Office of Graduate Studies

Date

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

APPLICATION FOR ADMISSION TO CANDIDACY

AND

APPOINTMENT OF ADVISORY COMMITTEE

I certify that I have satisfactorily completed nine semester hours of graduate work and hereby apply for admission to candidacy and acknowledge that the following members of the MBA Executive Committee serve on my Graduate Advisory Committee.

CANDIDACY:

Major Subject : _____ MBA _____

Date Admitted to Full Standing: _____

Graduate Credits Completed at TTU: _____ At Other Universities: _____

Graduate GPA at TTU: _____ At Other Universities: _____

Graduate Management Admission Test Score: _____ Writing Score _____

ADVISORY COMMITTEE:

Dr. Curtis Armstrong

Dr. Dan Fesler

Dr. Steve Isbell

STUDENT'S SIGNATURE _____

Student ID: _____

Address: _____
Street

_____ City, State, Zip

Home Telephone () _____ Work Telephone () _____

Cellular Telephone () _____

Email: _____