



MASTER OF SCIENCE IN ADMINISTRATION PROGRAM

Candidacy Form

Name _____ SS# _____
Last First Middle

Address _____
Street City State ZIP

Home Phone _____ E-mail _____

A. Qualifying courses waived:

- Management Economics Accounting Marketing Business Statistics

B. Courses to complete to date: *(including transfer credits)*

<i>Date Taken</i>	<i>Course No.</i>	<i>Title</i>	<i>Credits</i>	<i>Grade</i>

C. Proposed courses to complete degree requirements: *(including transfer credits)*

<i>Course No.</i>	<i>Title (proposed courses)</i>	<i>Credits</i>	<i>Grade</i>

■ **Expected Degree Completion Date:** _____ **Total credits proposed =** _____

D. Candidacy requirements met:

<i>Course No.</i>	<i>Title</i>	<i>Date Taken</i>	<i>Grade</i>
GSA 515	Effective Written Communication		
GSA 496	Business Quantitative Tools and Statistics		

E. A list of four to seven personal goals from the portfolio requirement must accompany this candidacy application:

Student signature _____ Date _____

Director's recommendation _____

Director's Signature Date