

Saint Michael's College

MASTER OF SCIENCE IN ADMINISTRATION PROGRAM Candidacy Form

Name: _____ Student I.D. No. _____
Last First Middle

Address: _____
Street City State ZIP

Home phone: _____ other (office/cell): _____

E-mail: _____

A. Qualifying courses waived:

- Management
 Economics
 Accounting
 Marketing
 Business Statistics

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

Date Taken	Course No.	Title	Grade	Credit

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

Course No.	Title	Grade	Credit

Expected Degree Completion Date: _____ Total credits proposed: _____

D. Candidacy Requirements met:

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

Student signature _____ Date _____

Director's recommendation _____

Director's signature _____ Date _____