

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: May 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 **\$150.00** 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.

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 615 International Accounting			
MBA AF 626 International Financial Management			
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

Graduate Program Director's Approval

I recommend that _____ be awarded the Master of Science in Accounting degree.

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

Graduate Program Director's Signature

_____ Date _____

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

Comments:
