

GRADUATE STUDENT PROGRAM PLAN - Management (Form GR-1)

Student Identifying Information

NAME	PLEASE PRINT (Last Name, First Name, Middle Initial)	Student Number or Social Security Number
ADDRESS	Street	City/State
		Zip
PROGRAM:	()	Email
	Phone	
<input checked="" type="checkbox"/> Management		

Program Core Courses

COURSE #	COURSE TITLE	CREDITS	TERM/YEAR
MANAGMNT 715	Financial Information for Decision-Making	3	
MANAGMNT 743	Financial Management	3	
MANAGMNT 744	Marketing Planning & Strategy	3	
MANAGMNT 746	Strategic Management	3	
MANAGMNT 750	Team Dynamics & Problem Solving	3	
MANAGMNT 753	Organizational Theory & Behavior	3	

Other Courses - A total of 12 credits must be listed below for the Management Degree.
(Electives, Internship, Independent Study, Transfer)

COURSE #	COURSE TITLE	CREDITS	TERM/YEAR
MANAGMNT _____		3	
MANAGMNT _____		3	
MANAGMNT _____		3	
MANAGMNT _____		3	

SCHOOL MUST BE IDENTIFIED AND TRANSCRIPTS REQUESTED FOR ALL NON-UWGB COURSES

Professional Project

		CREDITS	TERM/YEAR
MANAGMNT 794	Professional Project I	3	_____
MANAGMNT 796	Professional Project II	3	_____

Notes

A. Note any additional conditions the student must meet as indicated in Admissions Letter, or by advisor or thesis committee (e.g., background courses for undergraduate credit, etc.).

B. Note here any ways in which the Program Plan makes exceptions to graduate regulations.

Administrative Approvals (*Signatures Required*)

	Date
Advisor _____ CHECK ONE: ____ Faculty Advisor ____ Major Professor	_____
Chair _____	_____
Director of Graduate Studies _____	_____
<input type="checkbox"/> REGISTRAR'S OFFICE by _____	_____