

Application for MBA Concentration in Finance Must be Submitted to Finance Department – Room 522A

PLEASE PRINT CLEARLY!

Name: _____ BU ID Number: _____

Name (as it should appear on certificate): _____

Local Phone: _____ Email Address: _____ Full-time Part-time

Current Address: _____

Address where Certificate should be mailed (if different from above): _____

Expected Date of Graduation: _____

Undergraduate Major: _____ University: _____

Finance courses taken or to be taken to satisfy concentration requirements:

<u>FE721</u> (course #)	<u>Financial Management</u> (course name)	<u> </u> (grade)	<u> </u> (semester taken/to be taken)
<u>FE820</u> (course #)	<u>Corporate Finance</u> (course name)	<u> </u> (grade)	<u> </u> (semester taken/to be taken)
<u>FE823</u> (course #)	<u>Investments</u> (course name)	<u> </u> (grade)	<u> </u> (semester taken/to be taken)
<u> </u> (course #)	<u> </u> (course name)	<u> </u> (grade)	<u> </u> (semester taken/to be taken)
<u> </u> (course #)	<u> </u> (course name)	<u> </u> (grade)	<u> </u> (semester taken/to be taken)
<u> </u> (course #)	<u> </u> (course name)	<u> </u> (grade)	<u> </u> (semester taken/to be taken)

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(For department use only)

Approved _____ Date _____ Audited by _____

Student copy _____ Department copy _____ GAPO copy _____