

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Master of Business Administration (0506)
Option 2 - Students without related undergraduate business/economics preparation
College of Business Administration & Economics

Student Name: _____ ID# _____
Mailing Address: _____ Telephone: _____
Email Address: _____ Advisor: _____
Catalog Authority: _____ Date Admitted to Graduate School: _____
Expected Completion: _____ Date Admitted to MBA Program: _____

Common Professional Component (not included in the 36 credit hour MBA)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
BSAD 500 Survey of Business I	(3) _____	_____	Courses substituting for Common Professional Component		
BSAD 501 Survey of Business II	(3) _____	_____	Course: _____	() _____	_____
BSAD 502 Survey of Business III	_____	_____	Course: _____	() _____	_____
ECON 500 Economic Analysis	(3) _____	_____	Course: _____	() _____	_____

Business Administration Core & Elective Requirements (36)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
BSAD 510 Social Resp Bus Ethics	(3) _____	_____	BSAD 560 Business Statistics	(3) _____	_____
BSAD 530 Managerial Acctng for M:	(3) _____	_____	BSAD 570 Mgrl Finance	(3) _____	_____
BSAD 540 Marketing	(3) _____	_____	BSAD 586 Int'l Business for Manager:	(3) _____	_____
BSAD 550 Mgmt & Organiztnl Thry	(3) _____	_____	BSAD 597 Mgmt Policy & Strategy	(3) _____	_____
BSAD 552 Human Resource Mgmt	(3) _____	_____	ECON 512 Managerial Economics	(3) _____	_____
BSAD 556 Prod & Opertn Analysis	(3) _____	_____	Elective: _____	(3) _____	_____

Optional International Business Concentration (9 credits)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
BSAD 545 International Mrktg	(3) _____	_____	BSAD 575 International Investment	(3) _____	_____
BSAD 565 Int'l Human Resrc Mgmt	(3) _____	_____	Course: _____	() _____	_____

Total Credit Hours (minimum of 36 required): _____

Copy to Registrar on: Date: _____ **Grad. Audit sent on:** Date: _____

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Dean, College of Business: _____ **Date:** _____

Dir of Graduate Division: _____ **Date:** _____

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.