Rensselaer
275 Windsor Street, Hartford, Connecticut 06120-2991
Office of the Registrar Fax: (860) 548-7823

M.S. MANAGEMENT
Plan of Study

NOTE: The Plan of Study is subject to the approval of the Academic Official. A copy of the approved/denied Plan will be mailed to the student when the review procedure is completed.

Name _____ I.D. No. __ __ __ / __ __ __ /__ __ __

Street Address _____ Home Phone #(____)_____

City, State, Zip _____ Work Phone #(____)_____

Employer _____ E-mail Address _____

Concentration _____ Advisor _____ Admit Term _____

CRN	COURSE SUBJECT	COURSE NUMBER	COURSE TITLE	CR. HR.	TERM/YR.	✓ Where Appropriate	
						Transfer	Waived
			Four Core Courses				
	MGMT	**6040**	**Creating and Managing an Enterprise I** Formerly MGMT- 6710- Designing, Developing and Staffing High-Performance Organizations I	**3**			
	MGMT	**7740**	**Accounting for Reporting and Control** Formerly MGMT- 6190- Financial and Managerial Accounting	**3**			
	MGMT	**6020**	**Financial Management I** Formerly MGMT- 6310- Financial Management and Valuation of Firms	**3**			
	MGMT	**7100 or 6050**	**MGMT- 7100 Marketing and Product Management** **Or** **MGMT-6050 Creating and Managing an Enterprise II**	**3**			
			Four Concentration Courses				
				3			
				3			
				3			
				3			
			One Elective				
				3			
			Capstone Course*				
				3			

*Satisfies Program Completion requirements in the Hartford and Groton Catalog & Student Handbook

Total Credits **30**

NOTE: ALL requests for TRANSFER OF CREDIT and WAIVERS should be submitted on the Request for Transfer Credit Form and the Waiver Request Form to the Registrar's Office.

Signature of Student _____ **Date** _____

Signature of Advisor _____ Date _____

Signature of Academic Official _____ Date _____

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