

**EASTERN CONNECTICUT STATE UNIVERSITY
MASTER OF SCIENCE DEGREE in ACCOUNTING**

Requirement: 30 semester hours.

ID# _____

Last Middle First Phone (H) _____ (W) _____

Mailing Address _____ Program Advisor _____

City State Zip

Email: _____

Graduate Core

BUS 531 Organizational Behavior	3 Credits
BUS 545 Financial Management	3 Credits
ECO 510 Managerial Economics	3 Credits

Graduate Accounting Courses

ACC 515 AIS and Financial Reporting	3 Credits
ACC 520 Accounting for not-for-Profit	3 Credits
ACC 525 Accounting for International Operations	3 Credits
ACC 530 Topical and Current Issues	3 Credits
ACC 531 Accounting Theory and Prof. Development	3 Credits
ACC 535 Advanced Studies in Taxation	3 Credits
ACC 549 Assurance Services	<u>3 Credits</u>
Total	<u>30 Credits</u>

In conjunction with the *Eastern Connecticut State University Undergraduate and Graduate Catalog*, this *Plan of Study Form* serves as notice of the degree program requirements for the Master of Science in Accounting. By signing this *Plan of Study Form*, I understand and acknowledge that the Graduate Division will make every effort to offer courses during the semesters identified above. I understand that courses may be cancelled due to low enrollment and/or for other reasons beyond the control of the Graduate Division. I understand that at times, students may have to deviate from the schedule as originally planned for a variety of reasons, e.g. the Graduate Division was unable to offer a course as anticipated, has offered a new course that was not available at the time the student created this plan, because the student has a work or family conflict, etc. In each of these cases, the student is responsible for submitting a revised *Plan of Study Form* (in consultation with the advisor of record) to the Graduate Division for approval by the Dean. In any event, all coursework, including transfer credits, must be completed within six (6) years of registering for the first graduate course at Eastern.

Advisor _____ Date _____

Student _____ Date _____

Dean _____ Date _____

Cc: Advisor, Student Records Rev. 4/21/15