

EASTERN CONNECTICUT STATE UNIVERSITY
MASTER OF SCIENCE DEGREE in ACCOUNTING
Plan of Study
(A minimum of 30 graduate credits required for master's degree)

Name (Last, first, middle): _____ ID#: _____
 Phone _____ Address: _____
 City, State, Zip: _____
 Program Advisor: Dr. RuJoub _____ Email: _____

Core Courses				
COURSE	TITLE	TERM	CREDITS	YEAR
MGT 502	Talent Management	Spring	3	
FIN 545	Financial Management	Fall	3	
MGT 510	Strategic Management	Summer A	3	
Graduate Accounting Courses				
ACC 515	AIS and Financial Reporting	Summer B	3	
ACC 520	Accounting for not-for-Profit	Spring	3	
ACC 525	Accounting for International Operations	Summer A	3	
ACC 530	Topical and Current Issues	Fall	3	
ACC 531	Accounting Theory and Prof. Development	Spring	3	
ACC 535	Advanced Studies in Taxation	Fall	3	
ACC 549	Assurance Services	Summer B	3	
Total Graduate Credits:			30	

Required undergraduate coursework:

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 canceled 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.

Approved by: Advisor: _____ Date _____

Candidate: _____ Date _____

Dean: _____ Date _____

 C: Advisor, Student, Student Folder