

Full name: _____

Hamline ID: _____

Phone #: _____

Anticipated graduation date (such as: May, 2022) _____

DEPT	COURSE	TITLE	GRADE	CREDITS	TERM/ YEAR	SUBSTITUTE COURSE*	BREADTH OF STUDY**
ACCT	1310	Accounting Principles I		4			no
ACCT	1320	Accounting Principles II		4			no
ECON	1310	Microeconomic Analysis		4			yes
ECON	1320	Macroeconomic Analysis		4			yes
FIN	3100	Foundations of Finance		4			no
MGMT	3100	Foundations of Management		4			no
MGMT	3130	Business Law		4			no
MGMT	3960	Internship with Seminar		2			no
MGMT	5860	Strategic Management		4			no
MKTG	3100	Foundations of Marketing		4			no
QMBE	1320	Introduction to Business Analytics		4			no
One statistics course chosen from the following:							
MATH	1200	Statistics		4			yes
QMBE	1310	Statistics					
One communication course chosen from the following:							
COMM	1110	Public Speaking		4			yes
COMM	1650	Argumentation and Advocacy					
COMM	3380	Small Group Communication					
One writing course chosen from the following:							
ENG	1800	Intro to Prof. Writing and Rhetoric		4			yes
ENG	3340	Organizational Writing					
Five business analytics-focused courses:							
QMBE	3730	Advanced Business Analytics		4			no
QMBE	3750	Data Management and Communication		4			no
One course from the following:							
ECON	1500	Methods and Modeling for Economics, Finance and Analytics		4			no
MATH	1170	Calculus I		4			no
Two courses chosen from the following:							
ECON	5820	Econometrics		4			no
MKTG	3720	Market Research		4			no
QMBE	3710	Operations Management		4			no
QMBE	3740	Data Mining		4			no
QMBE	3980	Special Topics		4			no
Writing intensive course in the major:							

*Department approval is required for transfer courses or other substitutions. Courses used as substitutions must be initialed by Department Chair.

**In order to graduate, you must have at least 48 Breadth of Study credits (credits outside your major department). See above for courses in your major that also count toward Breadth of Study.

Student signature: _____

Date: _____

(required)

Business advisor signature: _____

Date: _____

(required)

Department chair/director signature: _____

Date: _____

(required for course substitutions and waivers)