

Masters of Business Administration

College of Business Administration California State University, Stanislaus

Name:						
Last		Firs	it		Middle or Maiden	
Address:						
Numbe		Stre	eet		Apt #	
City:			State:	Zip Co	ode:	
Student ID No.:			Phone Number: _			
E-mail Address:						
Undergraduate Degree / Yea	r Obtained:					
Do you plan to attend: Full ti	me (9 units)	Par	t time	_		
GMAT or GRE (Minimum scores must be ob	otained)					
Have you taken the GMAT?	(Circle One) Y	'es N	o If yes, plea	se indicate	your scores below.	
Overall Score	Quantitative		% Verbal	%	Analytical Writing Score	
Have you taken the GRE?	(Circle One)	es N	o If yes, plea	ise indicate	your scores below.	
Overall Score (Overall score obtained from					Analytical Writing Score	
Foundation Course Requirer	nents					
CSU Equivalent Title		1	Course	Institutio	n	Grade

CSU Equivalent	Title	Course	Institution	Grade
ACC 2110	Financial Accounting			
ACC 2130	Managerial Accounting			
ECON 2500	Macroeconomics			
ECON 2510	Microeconomics			
FIN 3220	Business Finance			
MGT 3400	International Business			
MGT 3310	Management, Theory & Practice			
MKT 3410	Basic Marketing			
MATH 1500	Finite Mathematics			
MATH 1610	Statistics for Decision Making			

Evaluation Form Please list the names of the individuals who will be submitting the Evaluation Forms. A letter of recommendation maybe submitted in lieu of the form.					
Evaluator One	Evaluator Two	Evaluator Three			
	the space below – do not attach separate ogram. Please attach resume if available.	sheet) describing reason(s) for pursuing			
Signature of Applicant:		Date:			

This complete application and all supporting documents for the MBA Program should be mailed to the address below:

Masters of Business Administration California State University, Stanislaus One University Circle Turlock, CA 95382