

Course Waiver Request Alfred University College of Business MBA Program

Student's Name: _____ SID: _____

Home Address: _____ Phone: _____

_____ Email: _____

I am requesting that the following course(s) be reviewed for waiver of foundation courses as part of the MBA program.

Course	Credits	Institution	Date Completed	AU Equivalent	Course Title	Credits
				ACCT 211	Financial Accounting	3
				ACCT 212	Managerial Accounting	3
				BUSI 113	Business Statistics	3
				ECON 201	Micro Economics	4
				ECON 202	Macro Economics	3
				MGMT 328	Management & Organizational Behavior	3
				MGMT 484	Operations Management	3
				MKTG 221	Principles of Marketing	3

Student Signature

Date