

**Checksheet - Entrepreneurial Studies Concentration**  
**Effective for students entering in Fall 2004 or Spring 2005**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Advisor \_\_\_\_\_ Office # \_\_\_\_\_ Projected Grad Date: \_\_\_\_\_

*(12 semester hours)*

<u>Course #</u>	<u>Course</u>	<u>Semester Completed</u>	<u>Grade</u>
MGT 348	Small Business Management	_____	_____

**Three of the following:**

ACC 335	Small Business Taxation		
BUS 214	Advanced Business Law		
BUS 410	New Venture Planning		
CBA 220	Minding Our Business		
CBA 350	Family Business Management		
CIS 272	End-User Computing		
CIS 340	E-Commerce		
FIN 315	Computerized Financial Casework		
FIN 350	Entrepreneurial Finance	1. _____	1. _____
MGT 448	Seminar in Small Business Consulting	2. _____	2. _____
MKT 350	Retailing Management	3. _____	3. _____

The above student meets the requirements for the Entrepreneurial Studies Concentration.

\_\_\_\_\_  
Signature of Director of Entrepreneurial Studies

\_\_\_\_\_  
Date

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Signature of Assistant Dean

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Date