

Election of Major
Sport Management (54 hours)
 2020-2021 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____ ✓ One Degree: ____BA ____BS

Required Courses

Do not write in shaded area

		Hours
<input type="checkbox"/> ACCT 211	Principles of Accounting I	3.0
<input type="checkbox"/> ACCT 212	Principles of Accounting II	3.0
<input type="checkbox"/> BUS 108	Spreadsheet and Database Applications	2.0
<input type="checkbox"/> BUS 111	Foundations of Business	3.0
<input type="checkbox"/> BUS 117	Principles and Practices in Sport Management	3.0
<input type="checkbox"/> BUS 209	Introduction to Sales	3.0
<input type="checkbox"/> BUS 231	Principles of Management	3.0
<input type="checkbox"/> OR		3.0
<input type="checkbox"/> BUS 234	Principles of Marketing	3.0
<input type="checkbox"/> BUS 241	Social and Ethical Issues in Sport Management	3.0
<input type="checkbox"/> BUS 313	Business Law I	3.0
<input type="checkbox"/> BUS 363	Marketing and Sponsorship in Sport	3.0
<input type="checkbox"/> BUS 369	Event and Facility Management	3.0
<input type="checkbox"/> BUS 425	Strategic Management in Sport	3.0
<input type="checkbox"/> BUS 435	Internship	0.0
<input type="checkbox"/> BUS 474	Case Studies in Business (W)	3.0
<input type="checkbox"/> DATA 210	Statistical Analysis	4.0
<input type="checkbox"/> ECON 221	Principles of Microeconomics	3.0
<input type="checkbox"/> ECON 222	Principles of Macroeconomics	3.0
<input type="checkbox"/> FIN 333	Principles of Finance	3.0

Complete 1 course from the following:

<input type="checkbox"/> BUS 301	Promotion and Advertising	3.0
<input type="checkbox"/> BUS 350	Organizational Behavior	3.0
<input type="checkbox"/> BUS 448	Entrepreneurship & Small Business Management	3.0
<input type="checkbox"/> BUS 453	Sales Management	3.0
<input type="checkbox"/> COMM 335	Advanced Public Relations	3.0

Explain transfer, substitutions, or other irregularities:

Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____

I understand I have final responsibility for monitoring my graduation requirements.

Student Signature _____ Date _____

Return this form to the Office of the Registrar