



SCHOOL OF BUSINESS

MASTER OF PROFESSIONAL ACCOUNTANCY
PROGRAM OF STUDY
PERSONAL FINANCIAL PLANNING CONCENTRATION

Student: _____

Student ID: _____

REQUIRED FOUNDATION COURSES (18 semester hours)

Table with 3 columns: Course Name, Credits, Semester Taken. Rows include ACCT 533, ACCT 543, ACCT 554, ACCT 555, ACCT 661, FIN 432, and FIN 559.

Elective Courses: Please indicate which courses you have chosen

A. Accounting Electives

Table for Accounting Electives with columns for Course Name, Credits, and Semester Taken.

B. Other (Finance/CIS/Econ)

Table for Other Electives with columns for Course Name, Credits, and Semester Taken.

Total Credits Earned: 30

Student: _____ Date: _____

Adviser: _____ Date: _____

Dean School of Business: _____ Date: _____

Date enrolled: _____ Intended Date of Graduation: _____