WAYLAND BAPTIST UNIVERSITY
MASTER OF BUSINESS ADMINISTRATION DEGREE

Academic Catalog: 2016-17

Name:

PCID:

Degree: MBA in Management

Campus:

Acceptance Date:

Semester Hours Summary	Req	Have	Need
Required Core Curriculum	39	0	39
Area of Specialization	9	0	9
Wayland Residency	24	0	24
5000-Level Courses	24	0	24
Total hours required (Min. 48)	**48**	**0**	**48**

REQUIRED CORE CURRICULUM	*Req*	*Have*	*Need*
BUSINESS ADMINISTRATION	***39***	***0***	***39***
Course Name	**Coll**	**Hours**	**Grade**
**BUAD 5300 Foundations of Mgmt Theory and Practice			
**BUAD 5301 Foundations of Accounting Theory and Practice			
**BUAD 5302 Foundations of Economic/Finance Theory & Practice			
ACCT 5301 Managerial Accounting			
BUAD 5304 Ethics			
BUAD 5315 Legal Environment			
ECON 5310 Managerial Economics			
FINA 5303 Managerial Finance			
MGMT 5305 Organizational Theory			
MGMT 5320 Research Methods			
MISM 5306 Management of Information Systems			
MKTG 5302 Marketing Analysis			
*BUAD 5355 Strategic Management for the MBA			

*** Capstone Course - Prerequisite: Completion of all MBA core courses.**

AREA OF SPECIALIZATION	*Req*	*Have*	*Need*
MANAGEMENT	**9**	***0***	***9***
Course Name	**Coll.**	**Hours**	**Grade**
MGMT 5306 Leadership and Management Development			
MGMT 5309 Strategies of Human Resource Management			
MGMT 5313 Diversity Management			
MGMT 5316 Selected Topics in Management			
MGMT 5318 Production and Operations Management			
MGMT 5325 Organizational Development and Behavior			
MGMT 5326 International Management			
MGMT 5339 Stress Management			
MGMT 5342 Power and Politics in Organizations			
BUAD 5360 Practicum/Internship			
(BUAD 5360 can be substituted for one specialization course)			

**** Choose 9 hrs from Above Electives to Complete Degree ****

LEGEND	TOTAL HRS ON DP
WBU - WAYLAND BAPTIST UNIVERSITY	0
TR - TRANSFER COLLEGE	0
UC - UNDERGRADUATE COURSEWORK	0
	0

**** A student having related undergraduate courses could be awarded credit for Buad 5300, 5301 and/or 5302.**

Approved:

Graduate Studies Official

Date

Campus:
Advisor:

Name:
PCID:
Student Address:
City:
State:
Zip: