



Office of the Graduate Registrar  
 Nyack College  
 350 North Highland Ave  
 Nyack, NY 10960  
 (845) 770-5769  
 (845) 348-3918 (fax)

## MASTER OF BUSINESS ADMINISTRATION Cohort Transfer Form

Name: \_\_\_\_\_ SS# or ID#: \_\_\_\_\_  
 Original Cohort #: \_\_\_\_\_ Concentration: \_\_\_\_\_

I would like take the following courses with Cohort \_\_\_\_\_

<u>Quarter One</u>	<u>Credits:</u>
___ BUS 609 Entrepreneurship	3
___ BUS 616 International Accounting	3
___ BUS 603 Managerial Economics & Entrepreneurship	3
<u>Quarter Two</u>	
___ BUS 604 Business Research Methods	3
___ BUS 605 Operations Management & Entrepreneurship	3
___ BUS 606 Strategic Global Mktg Mgmt & Entrepreneurship	3
___ BUS 771 EP Seminar I	1
<u>Quarter Three</u>	
___ BUS 607 Financial Management & Entrepreneurship	3
___ BUS 601 Business Ethics & Entrepreneurship	3
___ *BUS 664/673/740 – Based on specialization	3
*Specializations: Marketing/Finance/Accounting	
___ BUS 772 EP Seminar II	1
<u>Quarter Four</u>	
___ *BUS 661/671/710 – Based on specialization	3
___ *BUS 662/671/720 – Based on specialization	3
___ *BUS 663/672/730 – Based on specialization	3
___ BUS 773 EP Seminar III	1
___ BUS 799 EP Completion	3

*I understand it is my responsibility to be informed of Nyack College registration & financial policies, and to comply with those policies. **Payment arrangements must be confirmed with the Financial Aid Department before class attendance is approved.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_