

University of Toledo



Graduate Program Requirement Revision COLLEGE OF GRADUATE STUDIES

Contact Person	Donald Saftner Phone (XXX-XXXX) 530-2327				
Email	Donald.Saftner@utoledo.edu				
	Present	Proposed			
College	iness & Innovation	College Business & Innovation			
Dept/Academic Unit	Accounting	Dept/Academic Accounting			
Program Code	MSA	Program Code MSA			
Program Name	Masters of Science in Accounting	Program Name Masters of Science in Accounting			
Minimum number of credit hours for completion (if changed): Minimum number of credit hours for completion (if changed):					
List all courses which comprise the certificate or degree and identify term offered (Summer/Fall/Spring) List all courses which comprise the certificate or degree and identify term offered (Summer/Fall/Spring)					
ACCT ACCT ACCT ACCT ACCT ACCT ACCT ACCT	6310 required Summer/Spring 6330 elective Spring 6410 elective Fall/Spring	ACCT 6130 required Fall/Spring ACCT 6150 elective Fall/Spring ACCT 6190 required Fall/Spring ACCT 6210 required Fall/Spring ACCT 6250 elective Spring ACCT 6310 elective Summer/Spring ACCT 6330 elective Spring ACCT 6410 elective Fall/Spring ACCT 6430 elective Fall ACCT 6440 elective Fall/Spring ACCT 6450 elective Spring/Summer			
Identify delivery method In Class Identify delivery method In Class					
Proposed Effective Term 2013 40 (Fall)					

Program Approval					
Department Curriculum Authority	Matther	Date	2-6-13		
Department Chairperson	Softer	Date	2-6-13		
College Curriculum Authority or Chair	Michael Much	Date	2-6-13		
College Dean	And S lan	Date	2-7-13		
Graduate Council		Date			
Dean of Graduate Studies	All from	Date	3-19-13		
Office of the Provost		Date			
For Administrative Use Only					
Effective Date					
CIP Code					
Subsidy Taxonomy	,				
Program Code					
Instruction Level					