HOUSTON CHRISTIAN UNIVERSITY DEGREE PLAN
MASTER OF BUSINESS ADMINISTRATION (MBA) INTERNATIONAL BUSINESS TRACK (RESIDENTIAL)
CATALOG YEAR: 2024-2025

NAME: _____ **H#:** _____ **DATE:** _____

To earn a Master of Business Administration, 36-48 semester hours are required, depending on the undergraduate degree.

COURSE #	COURSE NAME	HOURS
	FOUNDATION REQUIREMENTS (FOR STUDENTS ENTERING WITHOUT A BBA DEGREE)	
ACCT 5362	Accounting Principles	3
ECON 5363	Economic Principles	3
FINA 5260	Principles of Finance	2
MGMT 5260	Decision-Making Techniques for Managers	2
MGMT 5261	Management Principles	2
	TOTAL FOUNDATION REQUIREMENTS	**12**
	CORE REQUIREMENTS	
MGMT 6352	Organizational Behavior	3
BUSA 6315	Fundamentals of Analytics	3
FINA 6330	Financial Management	3
ACCT 6352	Accounting for Managers	3
MGMT 6392	Transformational Leadership and Ethics in Business	3
MKTG 6310	Marketing Management	3
ECON 6353	Global Economy and Institutions	3
MGMT 6334	Legal Challenges in HR Management	3
MGMT 6376	Business Strategy and Policy	3
	TOTAL CORE REQUIREMENTS	**27**
	INTERNATIONAL BUSINESS TRACK	
BUSA 6395	International Management Experience or related elective course approved by MBA Director	3
	Choose two (2) of the following: MGMT 6339 Business Stewardship MGMT 6378 Management of Global Human Resources MKTG 6333 International Marketing Seminar ACCT 6313 International Accounting Issues MGMT 5340 Internship: MBA	6
	TOTAL INTERNATIONAL BUSINESS TRACK	**9**
	TOTAL HOURS IN DEGREE	**36-48**

DEGREE REQUIREMENTS FOR GRADUATION:
No more than 6 semester hours on transfer from another college or university
No grade below a "C"
Overall GPA of at least 3.00

INTERNATIONAL TRIP
Participation requires residential status and good academic and disciplinary standing (cumulative 3.00 GPA)

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN. THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF ACADEMIC RECORDS.

_____ _____
STUDENT SIGNATURE **DATE**

_____ _____
ACADEMIC ADVISOR **DATE**

_____ _____
DEAN OF COLLEGE **DATE**

Office of Academic Records Use Only
Processed by: _____ **Date:** _____

OFFICIAL DEGREE PLAN