GLOBAL CONTEXT/NON-BUSINESS BREADTH PROGRAM PLAN

APPLICANTS: Turn in completed forms to 203 Peterson. If you need assistance or have questions, please contact a Peer Advisor or make an appointment with an Academic Advisor.

PLEASE USE BLACK OR BLUE INK

DATE: __________________                     CIRCLE ONE: PBA BADM ACTG OTHER

NAME: ______________________        ____________________    PHONE: (_______) _________________

Family Name/Last Name           First Name

ID#:    __ __ __ - __ __ __  -  __ __ __                  E-MAIL:________________________________________

(Please indicate how you have met, or intend to meet, these requirements. Plan is subject to approval. All courses must be passed with a C-/P or better to count.)

GLOBAL CONTEXT

TERM/CREDITS

Country of Focus: ____________________________

If study abroad, dates: ___/___/___ to ___/___/___

OR Area of Focus: JAPANESE CULTURES

(3 classes, at least 3 credits each)

1) _______________        ____/_____  
2) _______________        ____/_____  
3) _______________        ____/_____  

*Foreign language courses must be 2nd year or higher to meet the Global Context requirement. All courses should focus on the same country (or region with advisor approval). Approved overseas study of six weeks or more will fulfill the Global Context requirement.

Non-Business Breadth Rationale:

Please explain 1) why you have selected these courses, 2) how they relate to one another, and 3) how they relate to your career goals or interests (use backside if necessary):

I selected these courses because I am interested in making connections with the cultures of Japan. I intend to teach classes in Japan after I graduate and I wanted to know more about the history and popular cultures of Japan. I also hope to seek employment with a company that does business in both US and Japan at some point in the future and I feel my cultural studies of the region will give me a competitive advantage.

________________________________________________________________________________

APPROVED BY: ____________________________  DATE: __________________