

College of Business

Undergraduate Application

Name: _____ / _____ Today's Date: _____
(PLEASE PRINT CLEARLY) Last First

Student ID (ex: U12345678): _____ Term: _____

Phone #: () _____ Email: _____

Admission Requirements

- ◆ 60 Semester Hours Completed
- ◆ 2.75 GPA on all College Work (**Not Applicable to IT**)
- ◆ 2.00 GPA on all Credit Attempted at USF
- ◆ 2.00 GPA in the 7 Pre-Requisite Courses (Listed Below / **Not Applicable to IT**)
(NO grade lower than a C)

Academic History

Upon entering USF have you earned or do you expect to earn any of the following credit(s) or degree(s)?
(Please complete all that apply below and forward all official transcript(s) and test score(s) from each institution attended.)

Type of Credit Received or Course Completed	Credit or Grade Earned	Name of School	Type of Credit Received or Course Completed	Credit or Grade Earned	Name of School
AP Credit			ECO 2013 Macroeconomics		
CLEP Credit			ECO 2023 Microeconomics*		
IB Credit			STA 2023/QMB 2100 Stats I		
Dual Enrollment			CGS 2100 Comp in Bus*		
ACG 2021 Prin of Fin Accounting*			MAC 2233 Bus Calculus*		
ACG 2071 Prin of Man Accounting*			*NOT APPLICABLE TO IT		

Previous School(s)	State or Country	Credit Hours Earned	Check the Degree Earned.	Date Earned
1. _____	_____	_____	<input type="checkbox"/> A.A. <input type="checkbox"/> A.S. <input type="checkbox"/> B.A. <input type="checkbox"/> B.S.	_____
2. _____	_____	_____	<input type="checkbox"/> A.A. <input type="checkbox"/> A.S. <input type="checkbox"/> B.A. <input type="checkbox"/> B.S.	_____
3. _____	_____	_____	<input type="checkbox"/> A.A. <input type="checkbox"/> A.S. <input type="checkbox"/> B.A. <input type="checkbox"/> B.S.	_____
4. _____	_____	_____	<input type="checkbox"/> A.A. <input type="checkbox"/> A.S. <input type="checkbox"/> B.A. <input type="checkbox"/> B.S.	_____

Student Status	Major(s) Desired:	
<input type="checkbox"/> 1 st Term at USF <input type="checkbox"/> Former Student Returning to USF <input type="checkbox"/> Continuing USF Student <input type="checkbox"/> 2 nd Bachelor's Degree	<input type="checkbox"/> Accounting <input type="checkbox"/> Finance <input type="checkbox"/> Management <input type="checkbox"/> Marketing <input type="checkbox"/> Information Technology <input type="checkbox"/> Applied Science (BSAS – IT)	<input type="checkbox"/> General Business <input type="checkbox"/> Risk Management

Student's Signature: _____

FOR COLLEGE USE ONLY - Advisor

1. Evaluate for Non-SUS coursework? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. SAT: Vb _____ Math _____ SAT Total _____ (OR) EACT: E _____ M _____ R _____ C _____ EACT Total _____		
<input type="checkbox"/> BMPBA	<input type="checkbox"/> Regular <input type="checkbox"/> Selective	
Catalog Year (Yr. & Term): _____	Catalog Year (Yr. & Term): _____	Yr. & Term of Entry to COB: _____
Overall GPA: _____	Pre-requisite GPA: _____	Yr. & Term of Entry to USF: _____
Yr. & Term of Entry to USF: _____	Overall GPA on Entry to COB: _____	Major: <input type="checkbox"/> ACC <input type="checkbox"/> FIN <input type="checkbox"/> GBA <input type="checkbox"/> MAN <input type="checkbox"/> MKT <input type="checkbox"/> BSIT
Advisor Initials/Date: _____	USF GPA: _____	<input type="checkbox"/> BSAS
	Sel. Admit Reason _____	Advisor Initials/Date: _____