Baruch COLLEGE | WEISSMAN SCHOOL OF ARTS AND SCIENCES | CUNY

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(646) 312-4490

MASTER Of ARTS ADMINISTRATION
PROFESSIONAL CONSULTANCY / THESIS
FPA 9180 – 3 Credits

Name: _____ _____ ____ **Empl. ID#**: _____
Last **First** **MI**

Address: _____
Street **City** **State** **Zip Code**

Telephone #: _____ **Email:** _____

Are you an international student? Yes ☐ No ☐

Cumulative GPA: _____ **Faculty Advisor:** _____ **Semester/Term:** _____

Client Organization: _____

Consultancy Project Title: _____

Description of Project (attach additional pages as needed):

Faculty Advisor MUST INCLUDE Modality to Complete Registration:

Course modality (in-person, hybrid asynchronous or synchronous, online asynchronous or synchronous):

_____

If hybrid asynchronous or synchronous or online asynchronous or synchronous, please list in-person meeting dates:

_____

MUST include ALL Approval Signatures:

Faculty Advisor Signature: _____ **Date:** _____

Program Director Signature: _____ **Date:** _____