



Office of the Registrar

Bryant University, 1150 Douglas Pike, MRC 1400
Smithfield, Rhode Island 02917

Phone: (401)232-6080 Fax: (401)232-6065

Bryant University Graduate Programs Declaration Form

Name: _____ ID#: _____

Anticipated Date of Graduation: _____

College of Business

Master of Business Administration

One Year MBA Two Year MBA

MBA Concentration:

- Business Analytics
- General Management
- Global Finance
- Global Supply Chain Management
- International Business

Master of Professional Accountancy

Master of Professional Accountancy – TAX

Master of Science in Taxation

College of Arts and Science

Master of Arts

Communication:

- General Communication Track
- Health Communication Track
- Organization Communication Track

Student Signature: _____

Date: _____

For office use only:

Received date: _____

Processed date: _____

Initials: _____