Application for Admission into Student Managed Investment Fund (SMIF) Course FIN 480/680:Portfolio Practicum

Full Name:			E-Mail:		
CSU ID:			Phone:		
Program: ☐ BBA ☐	MBA Other		Standing: Junior	Senior	Graduate
Major:	GPA:	/4.00	Applying for: ☐ Sprin	ng 2024	Fall 2024
	FIN/A	ACT/ECON/S	TATS Courses Taken		
Course#	Course Title		University (if not CSU)		Course Grade
	Other Course	es Vou Will Re	Taking During The Sem	ester	
		rse Title # of Credit Hours			
Course II			100		01 010010110010

Applicants must adhere to the following disclaimer:

I certify that the information provided herein is complete and accurate. I authorize the Faculty Advisor and/or members of the Student Managed Investment Fund to make reasonable inquiries regarding my application. I understand that falsifying or withholding information in completing this application constitutes grounds for immediate withdrawal of my application for consideration, and cancellation of my enrollment in the course.

Your Signature:	Date:
Type Full Name to e-sign	MM/DD/YEAR