

Master of Health Administration (36 S.H. required to complete the degree)

Name: _____ Phone: _____ Date: _____

Address: _____ E-mail: _____



MANAGEMENT CORE COURSES (6 S.H.)

MGT 530 Leadership	3	
MGT 547 Human Resource Management	3	

HEALTH SERVICES CORE COURSES (18 S.H.)

MGT 580 Health Delivery Systems	3	
MGT 581 Health Services Financial Management <i>prerequisite MGT 580 or 582</i>	3	
MGT 582 Managing Health Services Organizations	3	
MGT 585 Health Services Quality Tools <i>prerequisite MGT 580 or 582</i>	1.5	
MGT 589 Health Services Info. Technology & Innovation <i>prerequisite MGT 580 or 582</i>	1.5	
MGT 591 Introduction to Health Policy <i>prerequisite MGT 580 or 582</i>	3	
MGT 595 Strategic Management for Health Services (18 S.H. completed in MHA program)	3	

ELECTIVE COURSES (12 S.H.)

Elective:	3	
Elective:	3	
Elective:	3	
Elective:	3	

TRANSFER CREDITS

WCSU Course: Course/School:		
WCSU Course: Course/School:		
WCSU Course: Course/School:		

NOTES:

Changes in this program require the Graduate Coordinator's approval. The admission and program requirements have been explained to me and I understand my obligation to read the graduate catalog.

Student Signature

Date

Coordinator Signature

Date