



College of Allied Health Professions

Application for Admission to the Bachelor of Science in Health Administration Program

Instructions: Complete this application form, attach a current Advising Worksheet, current transcript, and an explanation for any "NO" answer to the questions below and submit via email to the Health Administration Program at healthadministration@msubillings.edu.

Name _____ MSUB I.D.# _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Have you successfully completed WRIT 101, M143, ACTG 201 and ECNS 201 or their equivalents with an overall grade point average of 2.5 or better?

YES NO

Have you successfully completed HADM 210 Introduction to the U.S. Healthcare System or HADM 305 Survey of US Healthcare System with a C- or better?

YES NO

Do you understand the graduation requirements for the Bachelor of Science in Health Administration degree program?

YES NO

Provide proof of an employment administrated background check. If you have not proof of a recent background check, please access the following link through CastleBranch, https://portal.castlebranch.com/MW55/package-selection and choose Health Administration, order background check. Cost for background check is \$53.00.

YES NO

I request admission to the Bachelor of Science in Health Administration degree program.

Signature of Applicant (electronic signature acceptable)

Date

Acceptance approved by

Signature of BSHA Program Director

Date