



**MASTER OF HEALTH ADMINISTRATION  
PLAN OF STUDY**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Advisor: Dr. Paul Cook

Catalog Year 2016-18

I have read the graduate catalog

COURSES	Credits	Grade	Term
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**I. Fall Semester I**

HADM 601 Professional Seminar I	1	_____	_____
HADM 610 Healthcare Systems	2	_____	_____
HADM 608 Statistics for Health Care Administration	2	_____	_____
HADM 605 Evidence Based Management Research & Evaluation Methods	3	_____	_____
HADM 615 Managerial Accounting and Budgeting	3	_____	_____

**II. Spring Semester I**

HADM 602 Professional Seminar II	1	_____	_____
HADM 625 Healthcare Finance and Reimbursement	3	_____	_____
HADM 640 Managerial Epidemiology and Population Health	3	_____	_____
HADM 632 Healthcare Economics	2	_____	_____
HADM 620 Health Operations Methods	2	_____	_____

**III. Summer Session**

HADM 622 Health Quality Techniques	2	_____	_____
HADM 645 Rural-Frontier Healthcare Management	2	_____	_____
HADM 687 Healthcare Marketing and Strategy	3	_____	_____

**IV. Fall Semester II**

HADM 603 Professional Seminar III	1	_____	_____
HADM 607 Health Informatics & Information Systems	3	_____	_____
HADM 675 Healthcare Human Resources	2	_____	_____
HADM 697 Capstone (two semesters 3 credits each)	3	_____	_____

**V. Spring Semester II**

HADM 604 Professional Seminar IV	1	_____	_____
HADM 635 Health Law	3	_____	_____
HADM 612 Health Policy	3	_____	_____
HADM 697 Capstone (two semesters 3 credits each)	3	_____	_____

**Total minimum credits for degree** **48**

HADM 696 Internship 3

**Total minimum credits including internship** **51**

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**Total Minimum Semester Credits** **48-51**

**Advisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Chair:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dean:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPROVED: Director of Graduate Studies:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MASTERS DEGREE COMPLETION DATE: \_\_\_\_\_ SIX YEAR EXPIRATION: \_\_\_\_\_