



**MASTER OF HEALTH ADMINISTRATION
PLAN OF STUDY**

Name: _____ Address: _____

Student ID #: _____

Email Address: _____ Advisor: _____

Catalog Year _____

I have read the graduate catalog

COURSES	Credits	Grade	Term
<u>I. Fall Semester I</u>			
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	_____	_____
<u>II. Spring Semester I</u>			
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	_____	_____
<u>III. Summer Session</u>			
HADM 622 Health Quality Techniques	2	_____	_____
HADM 645 Rural-Frontier Healthcare Management	2	_____	_____
HADM 687 Healthcare Marketing and Strategy	3	_____	_____
<u>IV. Fall Semester II</u>			
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	_____	_____
<u>V. Spring Semester II</u>			
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		
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: _____