

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

Name: _____ Phone: _____

Address: _____ Banner ID: _____

E-mail: _____ Date: _____

**MANAGEMENT CORE COURSES (6 S.H.)**MGT 530 Leadership
prerequisite MGT 505 or a course in organizational behavior or 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

3

MGT 582 Managing Health Services Organizations

3

MGT 585 Health Services Quality Tools
prerequisite MGT 580 or 582

1.5

MGT 589 Health Services Info. Technology & Innovation
prerequisite MGT 580 or 582

1.5

MGT 591 Introduction to Health Policy

3

MGT 595 Strategic Management for Health Services
Prerequisite 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