

**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.)** MKT 539, MKT 592, JLA 555, MGT 544, MGT 580, MGT 582, MGT 530, MGT 547, MGT 521

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