

Master of Science-Healthcare Administration

Printed Name: _____ IDN: _____

Major Code: 7002

The prerequisites and corequisites of the degree requirements are subject to change.

Students must meet admission requirements and be officially admitted into the Master of Science in Healthcare Administration. Please see the graduate studies web site or email graduate-studies@uafs.edu, for admission requirements and application process.

FALL SEMESTER: 9 hours				SPRING SEMESTER: 9 hours			
Hrs	Courses	Notes	Grade	Hrs	Courses	Notes	Grade
3	MHCA 5003 Healthcare Systems			3	MHCA 5033 Healthcare Law and Ethics		
3	MHCA 5013 Healthcare Policy and Governance			3	MHCA 5043 Research in Healthcare Administration		
3	MHCA 5023 Human Behavior in Healthcare Organizations			3	MHCA 6003 Budgetary Issues in Healthcare Services		
SUMMER SEMESTER: 3 hours				FALL SEMESTER 9 hours			
Hrs	Courses	Notes	Grade				
3	MHCA 6013 Information Systems Management in Healthcare			3	MHCA 6023 Managed Care and Reimbursement Systems		
				3	MHCA 6033 Healthcare Quality Improvement		
				3	MHCA 6043 Healthcare Administration Internship		
SPRING SEMESTER: 3 hours							
Hrs	Courses	Notes	Grade				
3	MHCA 6053 Graduate Project in Healthcare Administration						
Total Hours: 33							

Student Degree Program Requirements

A student's degree program requirements are those specified in the catalog in effect at the time of declaration of program major. Students must meet the above program requirements and the graduation requirements as indicated by institutional and college policy. The program can be changed only with the approval of the official advisor. If original courses are eliminated, students may be required to meet new curriculum requirements in the degree program. If students are not enrolled for two or more consecutive terms (excluding summer terms), they must re-enter under the program requirements of the current catalog. Students are responsible for understanding program requirements and changes. This document is not official until signed and dated by both the student and an authorized university representative.

Student Signature _____ Date _____

Advisor Signature _____ Date _____