CLAYTON STATE UNIVERSITY-GRADUATE SCHOOL MASTER OF HEALTH ADMINISTRATION DEGREE PLAN

 Name
 Date

Email _____ Phone # _____

PROGRAM PLAN FOR THE MASTER'S DEGREE (List TOTAL degree program, with dates completed or planned and grades for those completed.)

A. Approved courses to be transferred from other Institutions.								
Institution	Course Number	Course Title	Semester Hours	Semester Completed	Grade			

B. Approved pre-requisite course to be taken before starting degree program coursework Course Semester Semester Semester Course								
Number	Course Title	Hours	Planned	Completed	Grade			
5010	Statistics							
5020	Economics							
5030	Accounting							

Course Number	Course Title	Semester Hours	Semester Planned	Semester Completed	Grade
HCMG 5100	Health Systems Administration	3			
HCMG 5200	Healthcare Law and Ethics	3			
HCMG 5300	Healthcare Human Resources				
HCMG 5400	Organizational Behavior in Healthcare	3			
HCMG 5501					
HCMG 5650	Public Health Organizations and Practice *	3 *			
HCMG 5701	Long Term Care Administration *	3 *			
HCMG 5750	Healthcare Regulatory Compliance *	3 *			
HCMG 5950	Healthcare Economics	3			
HCMG 6100	Information Management in Healthcare	3			
HCMG 6150	Healthcare Reimbursement and Financial Management	3			
HCMG 6301	Healthcare Marketing	3			
HCMG 6500	Managerial Epidemiology	3			
HCMG 6650	Research Statistics and Methods in Healthcare	3			
HCMG 6700	Health Policy	3			
HCMG 6850	Healthcare Quality Systems	3			
HCMG 6900	Strategic Management of Healthcare Organizations (capstone)	3			
HCMG 6990	Health Administration Internship (required project)	3-6			
HCMG 6950	Independent Research in Health Administration*	3 *			
HCMG 6999	Project/Thesis in Health Administration*	3*			
HCMG 7001	Thesis Continuation *	1-3*			
* Elective hours 3 credits TOTAL HOURS:		45			

Names of Advisory Committee:

APPROVED:

Major Professor

Date

Chair/Director/Associate Dean

Graduate Dean

Date