

DEGREE PLAN
MASTER OF BUSINESS ADMINISTRATION
HEALTHCARE CONCENTRATION

NAME: _____

STUDENT ID #: _____

DATE ADMITTED: _____

EXPECTED GRADUATION DATE: _____

FOUNDATION COURSES

(Maximum 15 Credit Hours: May Not Be Required)

<i>Course</i>	<i>Hrs</i>	<i>Semester</i>	<i>Grade</i>	<i>Course</i>	<i>Hrs</i>	<i>Semester</i>	<i>Grade</i>
BADM 530	3.0	_____	_____	FINC 560	3.0	_____	_____
ECON 540	3.0	_____	_____	MKTG 570	3.0	_____	_____
ACCT 550	3.0	_____	_____				

CORE COURSES

(27 Credit Hours: Required for All Students)

<i>Course</i>	<i>Hrs</i>	<i>Semester</i>	<i>Grade</i>	<i>Course</i>	<i>Hrs</i>	<i>Semester</i>	<i>Grade</i>
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PRIMARY COURSES

MGMT 605	3.0	_____	_____	ACCT 610	3.0	_____	_____
ECON 610	3.0	_____	_____	MGMT 610	3.0	_____	_____

INTERMEDIATE COURSES

MGMT 615	3.0	_____	_____	FINC 620	3.0	_____	_____
MIS 620	3.0	_____	_____				

ADVANCED COURSES

HCM 682	3.0	_____	_____	MGMT 650	3.0	_____	_____
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ELECTIVE COURSES

(12 Credit Hours: Required for Health Care Concentration)

<i>Course</i>	<i>Hrs</i>	<i>Semester</i>	<i>Grade</i>	<i>Course</i>	<i>Hrs</i>	<i>Semester</i>	<i>Grade</i>
HCM 680	3.0	_____	_____	HCM 683	3.0	_____	_____
HCM 681	3.0	_____	_____	HCM 684	3.0	_____	_____