



**Master of Business Administration  
HEALTHCARE ADMINISTRATION**

Student:		Date:	
Address:		Student ID #:	
City	State:	Zip:	
Home:	Work:	Cell:	
Email(s):			

**CORE COURSE REQUIREMENTS**

	<u>CREDITS</u>	<u>TERM</u>	<u>GRADE</u>
MBA 5223 Leadership	3	<hr/>	<hr/>
MBA 5103 Information Technology for Managers	3	<hr/>	<hr/>
MBA 5533 Business Analytics and Econometrics	3	<hr/>	<hr/>
MBA 5243 Controllership	3	<hr/>	<hr/>
MBA 5323 Marketing Concepts and Strategies	3	<hr/>	<hr/>
MBA 5403 Human Resource Management	3	<hr/>	<hr/>
MBA 5423 Financial Management	3	<hr/>	<hr/>

**SPECIALIZATION COURSE REQUIREMENTS**

HCA 5113 Healthcare Administration	3	<hr/>	<hr/>
HCA 5123 Healthcare Policy Analysis and Decision Making	3	<hr/>	<hr/>
HCA 5133 Leading Healthcare Organizations	3	<hr/>	<hr/>
HCA 5143 Quality Strategic Planning and Execution in Healthcare	3	<hr/>	<hr/>
MBA 6503 Organizational Design and Strategy ( <b>Capstone</b> )	3	<hr/>	<hr/>
<b>TOTAL:</b>	<b>36</b>		