

**GRADUATION APPLICATION FOR  
 GRADUATE CERTIFICATE IN HEALTHCARE  
 ADMINISTRATION LEADERSHIP**

NAME: \_\_\_\_\_ SID# \_\_\_\_\_

LAST FIRST MIDDLE

GRADUATION DATE:  December  May  July  August **20**\_\_\_\_ (year)

\_\_\_\_\_  
 STUDENT SIGNATURE

\_\_\_\_\_  
 DATE

**DEGREE PLAN (12 HOURS)**

COURSE NUMBER	DESCRIPTION	TERM COMPLETED	HOURS
<i>COURSES (students must take 4 of the following six courses)</i>			
ACCT 6305	Health Care Accounting		
ECON 6354	Health Economics		
MGMT 6333	Human Resource Management in Health Care		
MGMT 6372	Organizational Leadership and Change		
NURS 6307	Health Care Policy, Organization and Financing		
SPAN 6360	Language Access and Planning in Healthcare		
<b>TOTAL HOURS COMPLETED</b>			

CERTIFICATE PROGRAM DEPARTMENT USE ONLY:

The following course requirements need to be completed: \_\_\_\_\_

The following deviations from the catalog requirements have been approved: \_\_\_\_\_

\_\_\_\_\_  
 Graduate Program Director's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 College Dean's Signature

\_\_\_\_\_  
 Date