Marshall University Graduate College
Plan of Study – M.S. in Health Care Administration

Catalog:_____

Student_____ Email_____ Student No.:_____

Course No.	Hrs.	Course Title (Prerequisite)	Completion Date	Grade	Comments
HCA 600	3	The Health Care System (PR: GSM Admission or Permission)			
HCA 630	3	Legal Issues in Health Care Management (PR: GSM Admission or Permission)			
HCA 640	3	The Health Care Professional (PR: GSM Admission or Permission)			
HCA 610	3	Health Care Financial Management (PR: HCA 600)			
HCA 615	3	Health Care Economics (PR: HCA 600)			
HCA 653	3	Integrated Health Care Delivery Systems (PR: HCA 600)			
HCA 655	3	Health Care Marketing (PR: HCA 600)			
HCA 656	3	Management of Medical Technology and Information Systems (PR: HCA 600)			
HCA 658	3	Long Term Care (PR: HCA 600)			
HCA 695*	3	Field Research in Health Care Management (PR: Permission of GSM Academic Advisor)			
HCA Elective **	3	Program Approved HCA elective (PR: GSM Admission or Permission)			
Elective **	3	Business Course Approved by Advisor (PR: GSM Admission or Permission)			
TOTAL HOURS	36				

Approved by:

_____ _____

Student Signature Date Academic Advisor Date

_____ _____

Associate Dean Date Graduate Dean Date

* *This course should be taken in the last 9 hours of the program.*

***At least one elective must be HCA course*