



SCHOOL of
PUBLIC HEALTH



Office of Student & Academic Services

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sph@unthsc.edu

MASTER OF HEALTH ADMINISTRATION 2010-2011 CURRICULUM PLAN

Name:

Advisor's Name:

Student ID:

Entering Semester/Year:

Student's E-mail:

Anticipated Graduation Semester/Year:

Students are responsible for reading the catalog, meeting the degree requirements for their concentration, and adhering to the deadlines published in the school's Academic Calendar. Students should consult the SPH Catalog for specific information on the use of transfer credit and how these credits may be applied toward the completion of the MPH degree. Official transcripts for transfer work must be filed with the School of Public Health before courses can be approved. Once complete, students should obtain their Advisor's signature and return this document to the SPH Office of Student & Academic Services. Once the Curriculum Plan has been approved, an electronic copy will be e-mailed to the student.

Once the Curriculum Plan has been submitted, students have the option of substituting "approved elective courses" without further approval from the Academic Advisor or the Office of Student and Academic Services. However, if the student wishes to substitute a core, required, or an elective course not listed in the degree requirements, a "Request for Modifications to Curriculum Plan" form must be completed by the student, submitted to the Academic Advisor for approval, and provided to the Office of Student and Academic Services. It is the responsibility of the student to communicate with his or her advisor at least once during each semester to review the student's academic progress.

Student's Signature

Date

Advisor's Signature

Date

Department Chair's Signature

Date

FOR OFFICE USE ONLY

SPH Office of Student and Academic Services

Date Approved: _____

MASTER OF HEALTH ADMINISTRATION
2010-2011 CURRICULUM PLAN

NAME:
STUDENT ID:

		SCH	Fall (1)	Spr (1)	Sum (1)	Fall (2)	Spr (2)	Sum (2)	Fall (3)	Spr (3)	Sum (3)
Transfer Credit Courses											
Prefix	Enter course number and title or N/A	*	Enter university name and year course was completed or N/A								
Required Courses (45 SCH)											
BIOS	5300 Biostatistics for Public Health 1	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
EOHS	5300 Environmental Health	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
EPID	5300 Principles of Epidemiology	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5300 Introduction to Health Management and Policy	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5312 Health Politics and Policy	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5320 Health Services Management	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5321 Health Information Systems	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5322 Healthcare Operations Management	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5324 Strategic Management and Marketing	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5326 Public Health Program Planning and Evaluation	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5328 Human Resource Management	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5330 Health Finance 1	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5332 Health Finance 2	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5350 Health Economics	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	6340 Health Care Law	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
Electives (9 SCH)											
(1)	Prefix Enter course number and title	*	☐	☐	☐	☐	☐	☐	☐	☐	☐
(2)			☐	☐	☐	☐	☐	☐	☐	☐	☐
(3)			☐	☐	☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐	☐	☐
Culminating Experience (6 SCH)											
HMAP	5302 Master of Healthcare Administration Capstone	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
HMAP	5394 Master of Healthcare Administration Internship	3	☐	☐	☐	☐	☐	☐	☐	☐	☐
Total Credit Hours		Total									

Approved Electives for Master of Health Administration **

BIOS 5310 Biostatistics for Public Health 2
 BIOS 5314 Introduction to Statistical Packages
 BIOS 5324 Data Management
 EOHS 5355 Work, Surveillance, Safety and Law
 EPID 5310 Intermediate Epidemiology
 EPID 5318 Chronic Disease Epidemiology
 HMAP 5340 Public Health Law

HMAP 6220 Leadership for Public Health
 HMAP 6322 Organizational Management
 HMAP 6330 Health Insurance and Managed Care
 SABS 5310 Community Assessment
 SABS 5324 Introduction to Health Disparities
 MGMT 5140 Organizational Behavior and Analysis (UNT)
 MGMT 5210 Human Resource Management Seminar (UNT)
 MGMT 5530 Operation & Mgmt of Physician Practice Orgs (UNT)

* Enter corresponding Semester Credit Hours (SCH), (e.g. 1, 2, 3, N/A, etc.)

** Students may substitute an elective course not on this list with prior written approval from their Academic Advisor. To determine which electives are available each semester, refer to the school's **Three-Year Course Matrix** at <http://www.hsc.unt.edu/education/sph/schedule.cfm>