



MASTER OF PROFESSIONAL STUDIES
PROPOSED PROGRAM OF STUDY
HEALTHCARE INFORMATICS - CERTIFICATE PROGRAM

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

T No. _____ Name _____

| | Course Number | Course Description | Where Taken | Term Completed | Sem. Hrs. Credit | Grade |
|--|---------------|--------------------|-------------|----------------|------------------|-------|
| BACKGROUND COURSES Credit not counted toward degree | | | | | | |
| | | | | | | |
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| TRANSFER CREDIT | | | | | | |
| | | | | | | |
| Select One | | | | | 3 | |
| | | | | | 3 | |
| COURSES TAKEN OR TO BE TAKEN to count toward certificate | | | | | 3 | |
| | | | | | 3 | |
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| | | | | | | |
| TOTAL Semester Hours Credit to be Counted Toward Degree | | | | | 15 | |

Do you anticipate using Human Subjects in your research? YES NO
 If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.

FINAL GPA _____

 Approved for MPS Executive Committee

 Date

 Dean of College

 Date

 Office of Graduate Studies

 Date

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

NOTICE:

1. A graduate student shall be enrolled for at least one course appropriate to the degree objective during the term in which the degree is awarded.
2. Application for graduation must be submitted by deadline published in catalog and the online Academic Calendar.

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