

**TROY UNIVERSITY**  
**GRADUATE CERTIFICATE OF HEALTH PRACTICE MANAGEMENT**  
 Certificate Plan and Progress Record  
 12 Semester Hour Certificate

Name:  Student ID#:  Campus:   
 Address:  Email:

**CERTIFICATE REQUIREMENTS:**

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| <ol style="list-style-type: none"> <li>1. Official transcript of all academic work</li> <li>2. Unconditional Admission</li> <li>3. 12 Semester hours of credit</li> <li>4. Meet residency requirements</li> </ol> | <ol style="list-style-type: none"> <li>5. No more than 6 semester hours below "B"</li> <li>6. Overall GPA of 3.0</li> <li>7. All credit earned within 5 years of graduation</li> <li>8. Intent to Graduate filed</li> </ol> |
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**REQUIRED COURSES: (12 sh)**

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
BUS 6600	Survey of Business Concepts	3			
HSA 6680	Health Services Administration and Policy	3			
HSA 6681	Legal and Social Issues in Health Administration	3			
HSA 6683	Healthcare Economics	3			

**ITEMS TO BE DISCUSSED:**

- 1. One term limit to have transcript(s) and test scores on file
- 2. Temporary, Conditional, Unconditional Admission
- 3. Availability of faculty for academic advising
- 4. Petition for transfer credit once unconditionally admitted
- 5. Class attendance
- 6. Drop and Withdrawal procedures; deadlines & consequences
- 7. Petition for Incomplete grade
- 8. Student participation in course and program evaluation
- 9. Other

Admission Status:	Date	Initials
Conditional		
Unconditional		
Residency		
Test Scores		
Comps		