

**TROY UNIVERSITY**  
**GRADUATE CERTIFICATE OF HEALTH SERVICES MANAGEMENT**  
 Certificate Plan and Progress Record  
 Certificate Verification  
**12 Semester-Hours**

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

**DEGREE REQUIREMENTS:**

1. Admitted to the Graduate School
2. Official transcript(s)
3. Unconditional Admission
4. 12 Semester hours of credit
5. Meet residency requirements
6. No more than two grades below "B"
7. Overall GPA of 3.0
8. All credit earned within 8 years of graduation

**REQUIRED CERTIFICATE COURSES: (18 Semester Hours)**

COURSE NO.	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
BUS 6600	Survey of Business Concepts	3			
HSA 6635	Strategic Management in Health Care Organization	3			
HSA 6683	Healthcare Economics	3			
	choose 3 additional semester hours of 6600-level HSA electives	3			

**ITEMS TO BE DISCUSSED:**

- Conditional or Unconditional Admission
- Availability of faculty for academic advising
- Petition for transfer credit once unconditionally admitted (3 SH maximum)
- Class attendance
- Drop and Withdrawal procedures; deadlines and consequences
- Petition for an incomplete grade
- Student participation in course and program evaluation

**ADMISSION STATUS:**

TYPE	DATE	INITIALS
Conditional		
Unconditional		
Residency		
Test Scores		