

College of Graduate Studies  
**Degree Plan for Master of Science in Professional  
Science, Health Care Informatics**



**Part I – Student Information**

Name: \_\_\_\_\_ MTSU ID #   M   \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ MTSU Email Address: \_\_\_\_\_

Degree Sought: \_\_\_\_\_ Major: \_\_\_\_\_

*If applicable:*

Concentration: \_\_\_\_\_ Specialization: \_\_\_\_\_ Minor: \_\_\_\_\_

I understand that if human or animal subjects are involved in my research(including thesis research), it is my responsibility to file a research protocol application with the Institutional Review Board (Sam H. Ingram Building, 011B) before I begin collecting data. Failure to secure this permission prior to conducting my data collection using human or animal subjects will negate the use of that data for any academic purpose including thesis.

\_\_\_\_\_  
*Signature of Student* \_\_\_\_\_  
*Date*

**Part II – Signatures and Approvals**

*All signatures in this area are required for approval of Degree Plan*

I certify that the following program, when successfully completed, meets all coursework requirements for this degree.

\_\_\_\_\_  
*Graduate Advisor Name (Print)* \_\_\_\_\_ \_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*College of Graduate Studies Approval* \_\_\_\_\_  
*Date*

**Signatures in this area are required for approval if applicable to degree program**

**This individual holds a professional license, or licensure requirements will be met by the courses listed below.**

\_\_\_\_\_  
*Teacher Licensure Office Approval (Print)* \_\_\_\_\_ \_\_\_\_\_  
*Signature* *Date*

**Programs that require educational component**

\_\_\_\_\_  
*Chair of Educational Leadership/Elementary  
Education (Print)* \_\_\_\_\_ \_\_\_\_\_  
*Signature* *Date*

**Minor Advisor**

\_\_\_\_\_  
*Graduate Minor Advisor (Print)* \_\_\_\_\_ \_\_\_\_\_  
*Signature* *Date*

**Part III – Course Information**

List ONLY graduate-level courses to be counted toward the degree. Include those completed as well as those still to be taken to fulfill degree requirements.

Candidate must complete 36 hours in the following program of study:

				Transfer Credit	
Course ID	Course Title	Cr Hrs	Grade	Course ID	Institution
<b>Core Courses (15 Hours)</b>					
ACTG 6100	Accounting and Legal Issues for Managers	3			
BCEN 6820	Managerial Communication	3			
BCEN 6910	Internship Program	3			
MGMT 6740	Leadership and Motivation	3			
STAT 5140	Probabilistic and Statistical Reasoning	3			
<b>Concentration Courses (21 Hours)</b>					
BIA 6905	Applied Business Analytics	3			
BLAW 6500	Legal aspects of Healthcare	3			
ET 6300	Project Management & Soft Skills	3			
HCI 6420	Topics in Contemporary Health Care	2			
HCI 6430	Applied Health Care Data Management	2			
INFS 6300	IS Security: Management & Assurance	3			
INFS 6835	Information Systems Applications	2			
<b>And one course from the following electives:</b>					
ET 6390	Productivity Strategies/Lean Systems	3			
BIA 6910	Business Intelligence	3			
ET 6190	Six Sigma	3			
ET 6010	Safety Planning	3			
ET 6870	Engineering Managements Systems	3			

**Department must verify that all admission conditions(s) were or were not met:**

Department Admissions Conditions Met? Yes \_\_\_\_\_ No \_\_\_\_\_