Department of Public Administration

College of Public Service
Tennessee State University

v. 10/10/2019

Graduate Certificate in Health Administration & Planning

CLEAR FORM

Program of Study

PRINT FORM

Instructions. Complete this form with your advisor ASAP in or after your first semester of certificate coursework. Your advisor will then submit it to the Graduate School.

Name _____ Student T-number_____

Address _____

_____ _____ _____

City State Zip Code

Email_____ Phone Number_____

Courses	**Credits**	**Sem. & year taken or planned**
PADM 6550 Epidemiology	3	_____ **(FALL)**
PADM 6130 Research Methods	3	_____ **(FALL)**
PADM 6110 Statistics	3	_____ **(SPRING)**
PADM 6210 Seminar in Public Administration	3	_____ **(SPRING)**
PADM 6190 Financial Mgmt. for Health & Nonprofit Orgs.	3	_____ **(SUMMER)**
PADM 6515 Health Org. & Delivery Sys.	3	_____ **(SUMMER)**

For advisor use only:

- **Is the student planning to complete the MPA?** ☐ YES - SIMULTANEOUSLY ☐ YES BUT *AFTER* CERT. ☐ NO
- **Is current TSU cumulative graduate GPA >= 3.0?** ☐____ (If NO, this form cannot be filed.)

Note: A student must have applied for the certificate, been accepted, appear as admitted to the program in myTSU, and be in good standing before the Program of Study can be filed. The certificate is awarded upon successful completion of the required credits only if all applicable TSU, Graduate School and departmental policies and requirements are met, including but not limited to having a 3.0 or better TSU cumulative graduate GPA. Planned course offerings are subject to change due to staffing and enrollment constraints.

_____ _____

Student Signature Date Advisor Date

_____ _____

Department Chair Date Graduate School Dean Date