

Graduate School
GRADUATE DEGREE PLAN



Graduate Certificate in Interprofessional Leadership

GR-GC-ILHC

CIP: 510701

NAME: _____
Last First Middle/Maiden

DEGREE PROGRAM: Grad Certificate - IPL

ADDRESS: _____

E-mail: _____

CWID: _____

Cell Phone #: _____

Catalog Year: _____

COURSE	COURSE TITLE	Credits	SEMESTER OFFERED	SEMESTER	GRADE
HLST 5000	Interprofessional Leadership in Healthcare	3	Fall/Spring		
HLST 5001	Research Methods for Health Professionals	3	Fall/Spring		
HLST 5002	Effective Interprofessional Teams	3	Fall/Summer		
HLST 5003	Healthcare Strategic Planning	3	Fall/Summer		
HLST 5004	Evidence-Based Practice in	3	Spring/Summer		
Total		15			

SEMESTER/TERM AND YEAR OF FIRST ENROLLMENT IN ULM GRADUATE SCHOOL: _____

ADVISEMENT

DATE	NOTES, Advisor's signature

TRANSFER CREDIT List all credit to be transferred to graduate program (Courses must be shown as they appear on the official transcript. List course title and number, semester hours, institution, semester/quarter & year course taken, and grade received.) Transfer courses may not be more than 6 years old.

Faculty Advisor

Signature

Date

Dr. Jessica Dolecheck
Graduate Program Coordinator

Signature

Date

Dr. Sushma Krishnamurthy
Dean, Graduate School

Signature

Date