

**Graduate School**  
**GRADUATE DEGREE PLAN**



**Graduate Certificate in Healthcare Advocacy**

GR-GC-HCAV      CIP: 519999

**NAME:** \_\_\_\_\_  
Last                                  First                                  Middle/Maiden

**DEGREE PROGRAM:** Grad Certificate - HCAV

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**CWID:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Catalog Year:** \_\_\_\_\_

COURSE	COURSE TITLE	Credits	SEMESTER OFFERED	SEMESTER	GRADE
HPRE 5007	Contemporary Issues in Healthcare Law and Policy	3	Fall		
COMM 5003	Communicating Grief, Illness, and Loss.	3	Summer		
COMM 4026	Health Communication	3	Fall		
COMM 5050	Interpersonal and Conflict Comm.	3	Spring		
HLST 4009	Cultural Diverstiy	3	Spring		
<b>Total</b>		<b>15</b>			

**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. Adaobi Duru  
*Graduate Program Coordinator*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Dr. Sushma Krishnamurthy  
*Dean, Graduate School*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*