

Graduate School
GRADUATE DEGREE PLAN



Graduate Certificate in Senior Healthcare Management

GR-GC-SHCM CIP:301101

NAME: _____
Last First Middle/Maiden

DEGREE PROGRAM: Grad Certificate - SHCM

ADDRESS: _____

E-mail: _____

CWID: _____

Cell Phone #: _____

Catalog Year: _____

COURSE	COURSE TITLE	Credits	SEMESTER OFFERED	SEMESTER	GRADE
GERO 5040	Geriatric Care and Case Management	3			
GERO 5065	Community-Based and Long-Term Care	3			
GERO 5088	Long-Term Care Administration II	3			
ECON 5006	Health Economics	3			
BUSN 5011	Business and Its Environment	3			
Total Hours Required for Certificate		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. Anita Sharma
Graduate Program Coordinator

Signature

Date

Dr. Sushma Krishnamurthy
Dean, Graduate School

Signature

Date