

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: 2022/2023

COURSE	COURSE TITLE	Credits	SEMESTER OFFERED	SEMESTER	GRADE
NURS 5005	Health Care Law and Ethical Decision Making				
COMM 5003	Communicating Grief, Illness, and Loss.	3			
COMM 5004	Intercultural Communication	3			
COMM 5025	Health Communication	3			
COMM 5050	Interpersonal and Conflict Comm.	3			
	Total 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. Adaobi Duru
Graduate Program Coordinator

Signature

Date

Dr. Sushma Krishnamurthy
Dean, Graduate School

Signature

Date