

## Office of Graduate Studies

## MASTER OF HEALTH SERVICES ADMINISTRATION MASTER OF SCIENCE – HEALTH INFORMATICS - ONLINE

Name:	Date:
Address:	Date of Birth:
	Home Telephone:
	Office Telephone
Email Address	Cell Phone
of graduate study in middle level health care administration.  One requirement listed in the current graduate bulletin is that a	he individual employed in the health care field who wishes to pursue a program student must hold a bachelor's degree in one of the health care sciences from an a related field with a minimum of one year of experience in the health care field
	program we ask that you supply the following information about your current
Current Employer's Name and Address:	Nature of Employment:
	Length of Employment:
Baccalaureate Field of Study (Please include major, minor, or o	concentrations)
Please feel free to supply supporting documentation about prev	rious work experience in the health care field
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