WAYLAND BAPTIST UNIVERSITY MASTER OF BUSINESS ADMINISTRATION DEGREE

Academic Catalog: 2015-16	Acceptance Date:	Semester Hours Summary	Req	Have	Need
Name:		Required Core Curriculum	39	0	39
PCID:		Area of Specialization	9	0	9
Degree: MBA in Health Care Administration		Wayland Residency	24	0	24
		5000-Level Courses	24	0	24
Campus:		Total hours required (Min. 48)	48	0	48

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				Total hours required (Min. 48)	48	0	48
REQUIRED CORE CURRICULUM	Req	Have	Need	AREA OF SPECIALIZATION	Req	Have	Need
BUSINESS ADMINISTRATION	39	0	39	HEALTH CARE ADMINISTRATION	9	0	9
Course Name	Coll	Hours	Grade	Course Name	Coll.	Hours	Grad
**BUAD 5300 Foundations of Management Theory & Practice				HLAD 5305 Operations Management in Health Care Systems			
**BUAD 5301 Foundations of Accounting Theory and Practice				HLAD 5309 Health Professions Human Resource Management			
**BUAD5302 Foundations of Economic/Finance Theory & Practice				HLAD 5316 Selected topics in Health Administration			
ACCT 5301 Managerial Accounting				HLAD 5329 Dynamics of Health Care Finance			
HLAD 5330 Health Care Ethical Considerations				HLAD 5334 Health Care Delivery Systems			
HLAD 5337 Health Care Law				HLAD 5340 Long-Term Care Administration			
ECON 5310 Managerial Economics				HLAD 5346 Regulatory Aspects of Long-Term Health Care			
FINA 5303 Mangerial Finance				MGMT 5342 Power and Politics in Organizations			
MGMT 5305 Organizational Theory				(BUAD 5360 can be substituted for one specialization course)			
MGMT 5320 Research Methods							
MISM 5306 Management of Information Systems							
MKTG 5302 Marketing Analysis							
				** Choose 9 hrs from Above-Courses to Complete Degree **			
*BUAD 5355 Strategic Management for the MBA							
* Capstone Course - Prerequisite: Completion of all MBA core courses.							
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				WBU - WAYLAND BAPTIST UNIVERSITY		0	
** A -414 b4				TR - TRANSFER COLLEGE		0	
** A student having related undergraduate course	s coula	be		UC - UNDERGRADUATE COURSEWORK		0	
awarded credit for BUAD 5300, 5301 and/or 5302.						\vdash	
Annual de						0	
Approved:							
Graduate Studies Official				Date			
S. G.				24.0			

Campus: Advisor:

Name: PCID:

Student Address:

City: State: Zip: