WAYLAND BAPTIST UNIVERSITY
MASTER OF BUSINESS ADMINISTRATION DEGREE

		Req	Have	Need
Academic Catalog: 2016-17	Acceptance Date: **Semester Hours Summary**			
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**

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	Grade
**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 5334 Health Care Delivery Systems			
HLAD 5330 Health Care Ethical Considerations				HLAD 5340 Long-Term Care Administration			
HLAD 5337 Health Care Law				HLAD 5346 Regulatory Aspects of Long-Term Health Care			
HLAD 5329 Dynamics of Health Care Finance				MGMT 5342 Power and Politics in Organizations			
ECON 5310 Managerial Economics							
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							
*BUAD 5355 Strategic Management for the MBA				**** Choose 9 hrs from Above-Courses to Complete Degree ****			

* Capstone Course - Prerequisite: Completion of all MBA core courses.

	LEGEND	TOTAL HRS
		ON DP
	WBU - WAYLAND BAPTIST UNIVERSITY	0
	TR - TRANSFER COLLEGE	0
** A student having related undergraduate courses could be awarded credit for BUAD 5300, 5301 and/or 5302.	UC - UNDERGRADUATE COURSEWORK	0
		0

Approved:

Graduate Studies Official   Date

Campus:
Advisor:

Name:
PCID:
Student Address:
City:
State:
Zip: