Advancement to Candidacy Form for Masters' or Specialists' Degree Programs

College of Graduate Studies • Office of the Dean • Middle Tennessee State University

1. A copy of your candidacy form should be submitted to the College of Graduate Studies according to your program's curricular requirements.
2. Please list course number & department, course title, and semester hours of credit as indicated below.
3. Secure the signatures of the appropriate persons and submit the signed form to the College of Graduate Studies, Room 114, Cope Building.

Name: ____________________ **Student Identification #** ____________________ **Date:** ____________

Address: ____ **Telephone #** ____________________

Degree: M.S. **Major:** Professional Science **Concentration:** Health Care Informatics

If applicable: Minor: ____________________ **Specialization:** ____________________

Course ID # (including Prefix)	Course Title	Sem. Hours	Grade	*IF APPLICABLE:* *Transfer Credit Taken Prior to Attending MTSU* Transfer Institution	Substitute for MTSU Course#	Dept. Approval for Transfer Credit
	Core Courses (15 hours required)					
STAT 5140	Probabilistic and Statistical Reasoning	3				
ACTG 6100	Accounting & Legal Issues for Managers	3				
MGMT 6740	Leadership and Motivation	3				
BCEN 6820	Managerial Communication	3				
BCEN 6910	Internship Program	3				
	Required for Health Care Informatics Concentration:					
NURS 6401	Informatics and Information Management	3				
NURS 6402	Health Care Information Systems	3				
NURS 6403	Analysis and Design of Health Care Information Systems	3				
NURS 6404	Evaluation of Health Care Information Systems	3				
NURS 6405	Health Care Data Analysis Techniques	2				
NURS 6407	Informatics Applications I or elective	2				
NURS 6409	Informatics Applications II or elective	2				
NURS 6400	Introduction to Clinical Health Care Environment	3				

	Language Research Tools (if relevant)					

____ Date: ________
Signature of Candidate

I certify the above degree plan ____________________ Date: ________
Signature of Graduate Advisor

This individual holds a professional license, or licensure requirements will be met by the above courses, if applicable.

____ Date ________
Signature of Teacher Licensing Analyst

____ Date ________
Signature of Dean, College of Graduate Studies or Graduate Analyst

If Applicable:

____________________ Date: ________
Signature of Minor Advisor

MST & MAT Students, only:

____________________ Date: ________
Signature of Chair of
Educational Leadership Department or
Elementary Education Department