



**Department of Health Science
MAJOR FORM**

B.S. in Health Science with Concentration in Health Services Administration (“Option 4”)

Name:	Student ID:
Address:	
City, State Zip	
Phone number:	Email:

<u>Dept</u>	<u>MAJOR CORE COURSES</u>	<u>Units</u>	<u>Sem/ Yr</u>	<u>Grade</u>	<u>Dept</u>	<u>PREPARATION COURSES</u>	<u>Units</u>	<u>Sem/ Yr</u>	<u>Grade</u>
HS 102	Health Team Building	3			HS 1	Understanding Hlth	3		
HS 104	Community Hlth Promo	3			HS 15	Human Life Span	3		
HS 135	Hlth Issues / Multicult	3			HS 67	Intro. Health Statistics	3		
HS 158	Health and the Internet	3			Total Prep. Units: 9				
HS 159	Health Program Planning	3			Health Services Administration Courses				
HS 161	Epidemiology	3			BUS 20N	Accounting	3		
HS 162	Hlth Care Org and Admin	3			HS/GERO 117	Soc Pol & Serv Aging	3		
HS 164	Hlth & Social Marketing	3			HS 170	Health Care Econ.	3		
HS 165	The Health Professional	3			HS 171	Managed Health Care	3		
HS 167	Biostatistics	3			BUS 140 or BUS 150 or BUS 160	Operations Management or Human Resource Manag. or Organizational Behavior	3		
Total Core Units:		30			HS 166A	Field Exp. Seminar	3		
					HS 166B	Field Experience	3		
					Total Concentration Units:		21		

TOTAL UNITS REQUIRED FOR DEGREE: 120

Course substitutions, if any. (This section is to be completed by Major Advisor.)

1. Substitute _____ for _____ Initials _____ Date _____
2. Substitute _____ for _____ Initials _____ Date _____
3. Substitute _____ for _____ Initials _____ Date _____
4. Substitute _____ for _____ Initials _____ Date _____

Checked by Advisor – Signature _____ DATE _____

Approval & Signature of Department Chair _____ DATE _____