



Health Science Department

**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 \_\_\_\_\_ Minor \_\_\_\_\_

<u>Dept</u>	<b>MAJOR CORE COURSES</b>	Units	Sem/ Yr	Grade	Dept	<b>PREPARATION COURSES</b>	Units	Sem /Yr	Grade
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 or HS 107	Hlth Multicult Soc or Aging and Society	3			HS 67	Intro. Health Statistics	3		
HS 158	Health and the Internet	3			<b>Total Prep. Units: 9</b>				
HS 159	Health Program Planning	3			<b>Health Services Administration Courses</b>				
HS 161	Epidemiology	3			BUS 20N	Accounting	3		
HS 162	Hlth Care Or 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 Mgmt or Human Resource Mgmt or Organizational Behavior	3		
	<b>Total Core Units:</b>	<b>30</b>			HS 166A	Field Exp. Seminar	3		
					HS 166B	Field Experience	3		
					<b>Total Concentration Units:</b>		<b>21</b>		

**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 \_\_\_\_\_

Checked by Advisor - Signature \_\_\_\_\_ DATE \_\_\_\_\_

Approval & Signature of Department Chair \_\_\_\_\_ DATE \_\_\_\_\_