### CALIFORNIA STATE UNIVERSITY, LOS ANGELES
### COLLEGE OF BUSINESS AND ECONOMICS
### PROGRAM PLAN FOR THE M.S. HEALTH CARE MANAGEMENT PROGRAM

**CIN:**

**Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>YEAR:</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>REQUIRED COURSES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| ELECTIVES | | | | | | | | | |

| OTHER REQUIREMENTS | | | | | | | | | |
| Petition Advancement to Candidacy | | | | | | | | | |
| Application for Graduation | | | | | | | | | |
APPLICATION CHECKLIST
(Please include with Application for Admission to the Program)

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
COLLEGE OF BUSINESS AND ECONOMICS
PROGRAM FOR THE MASTER OF SCIENCE DEGREE IN HEALTH CARE MANAGEMENT

CIN:

Name:
Last     First     Middle

Date:

Request Admission for:
Semester and Year

Check One
Domestic Applicant
International Applicant

Undergraduate G.P.A. (last 90 quarter units/60 semester units)
No. years work experience in health care

Check if materials attached
Cover letter requesting admission
Résumé
Statement of purpose
First letter of recommendation
Second letter of recommendation
Third letter of recommendation (optional)
Program plan
A copy of unofficial transcript