

DEPARTMENT OF PUBLIC ADMINISTRATION
PLAN OF STUDY MASTER OF PUBLIC ADMINISTRATION (MPA)
HEALTH CARE MANAGEMENT EMPHASIS

The Plan of Study must be completed with your faculty advisor before matriculation is processed. Print legibly (both sides) and sign the back of the form. Your Plan of Study is *tentative* and subject to change depending on course availability.

<i>First name</i>	<i>Middle Initial</i>	<i>Last name</i>	<i>Maiden</i>
<i>Social Security Number or Banner ID</i>		<i>E-mail address</i>	
<i>Permanent Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>Home telephone</i>		<i>Work telephone</i>	

MPA Curriculum and Degree requirements can be found at
www.brockport.edu/pubadmin/curriculum.html.

Core Courses	Semester	Grade	Credits
PAD 613 Health Care in America			3
PAD 640 Financial Management (must be taken prior to PAD 619)			3
PAD 619 Financial Administration of Health Care (prerequisite is PAD 640)			3
PAD 681 Strategic Management for Public Organizations			3
PAD 682 Organizational Behavior			3
PAD 685 Human Resource Management			3
PAD 687 Statistics for Managers			3
PAD 688 Research and Program Evaluation			3
PAD 696 Project Paper/Portfolio Seminar			3
TOTAL MPA CORE CREDITS:			27
Elective Courses including <i>APPROVED</i> transfer credit (requires advisor approval and <u>official</u> transcripts). Must include one elective with computer component	Semester	Grade	Credits
1)			
2)			
3)			
4)			
5)			
<input type="checkbox"/> Advisor has approved waiver of elective with computer component.			
<input type="checkbox"/> Student has been advised of a site Internship as a possibility.			
TOTAL MPA ELECTIVE CREDITS:			15
TOTAL CREDITS :			42

Please check below if you are also pursuing one of the Certificates in addition to the MPA:

- Certificate in Arts Administration*
- Certificate in Nonprofit Management*

(over)

Please answer the following brief questionnaire. Your responses are confidential.

1. Your current position/job title: _____
2. Your current employer: _____
3. Employer's address: _____
4. How many people do you supervise in your current position?
5. In what field are you currently employed?

<input type="checkbox"/> Public Safety/Security	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Health Administration	<input type="checkbox"/> Government _____
<input type="checkbox"/> Nursing	<input type="checkbox"/> Education
<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Business/Private Sector
<input type="checkbox"/> Hospital	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mental Health, Developmentally Disabled	
5. Your date of birth: _____
6. Gender: Male Female
7. Will you be enrolling: Full-time Part-time
8. Your ethnic origin: Your response to the following question is voluntary, but federal civil rights legislation and implementing regulations require the university to submit counts of its student body by racial/ethnic categories. Your cooperation, therefore, while voluntary, is essential to the reporting of this information.

<input type="checkbox"/> African-American, non-Hispanic
<input type="checkbox"/> American Indian/Native Alaskan
<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> White, non-Hispanic
<input type="checkbox"/> Other (not listed) _____
9. How did you hear about the MPA program at The College at Brockport?

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Poster
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Mailing
<input type="checkbox"/> Graduate Catalog	<input type="checkbox"/> Other: _____
10. Why did you choose Brockport's MPA program? Check all that apply.

<input type="checkbox"/> Quality and reputation of the program
<input type="checkbox"/> Affordability
<input type="checkbox"/> Convenient location
<input type="checkbox"/> Curriculum matched my interests/goals
<input type="checkbox"/> Career advancement/position required a master's-level degree
11. Did you consider other programs before making your decision to attend graduate school at Brockport?

<input type="checkbox"/> No, Brockport was my first choice.
<input type="checkbox"/> Yes. If yes, what other colleges/programs did you consider? _____
12. Have you consulted our Web page? Yes No

Student's Signature

Advisor's Signature

Date rev 7/09