**STUDENT INFORMATION**

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| --- | --- |
| **Name:** | **NAU ID:** |
| **NAU E-mail Address:** | **Phone Number:** |
| **Term of Admission:** | **Expected Graduation Term/Year:** |
| **Advisor:** | **Required Credits for Degree Program: 24** |

**I. Doctoral Coursework (24 units required):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| PHA 700 | Health Care Systems and Practices in the US |  |  |  |  |  |  |
| PHA 701 | Population Health Management |  |  |  |  |  |  |
| PHA 702 | Improving Health Care Using a Health Equity Lens |  |  |  |  |  |  |
| PHA 703 | Policies and Practices to Address Health |  |  |  |  |  |  |
| PHA 704 | Health Informatics for Practice and Management |  |  |  |  |  |  |
| PHA 705 | Change Management in Health Care |  |  |  |  |  |  |
| PHA 706 | Financing Health Care Delivery in the US |  |  |  |  |  |  |
| PHA 707 | Culminating Project |  |  |  |  |  |  |

**ADDITIONAL INFORMATION**

Students enrolled in this plan may not enroll in or pursue the following due to the number of overlapping units:

* Physician Assistant Studies - Operations and Leadership, Graduate Certificate
* Physician Assistant Studies - Health Equity, Graduate Certificate

If you have completed either of the above certificates prior to enrolling in the Doctor of Medical Science, DMSc, you may apply the coursework to Doctor of Medical Science, DMSc.

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name below, you agree to the following statement:

*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (formal digital signatures are permitted) in the space provided.

|  |  |
| --- | --- |
| **Student:** | **Date:** |
| **Advisor:** | **Date:** |
| **Chair:** | **Date:** |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree

Accelerated Program “Dual-use” A = Courses completed during the undergraduate career and used to satisfy both the Bachelors and Master’s degree requirements. ONLY for designated Accelerated students.