# http://www.ric.edu/webcommunications/images/SealWithText_Small_Black.pnggraduate COMMITTEE curriculum PROPOSAL FORM

## Cover page Scroll over blue text to see further [instructions](#instructions)

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| --- | --- | --- | --- | --- | --- | --- |
| A.1. [Course or program](#Proposal) | **M.s health care administration** | | | | |  |
| [Replacing](#Ifapplicable) |  | | | | |  |
| A.2. [Proposal type](#type) | **Program:** [**revision**](#revision) | | | | |  |
| A.3. [Originator](#Originator) | **Dr. Marianne Raimondo** | | [School](#home_dept) of Business | | **Management & Marketing (HCA Program)** | |
| A.4. [Rationale](#Rationale)/Context | **To offer students flexibility in the choice of electives in the MS program. A specific listing of courses will be eliminated, instead electives can be chosen by students with approval of the Program Director.**  **Students may select courses in operations management, counseling, psychology, social work, sociology, community health and wellness or other health related areas depending on their interest and career goals.** | | | | | |
| A.5. [Student impact](#student_impact) | **Students will be able to satisfy their elective requirements with courses that they are interested in pursuing for their career path.** | | | | | |
| A.6. Impact on other programs | **Students would be required to meet prerequisites for such courses.** | | | | | |
| A.7. [Resource impact](#Resource) | *[Faculty PT & FT](#faculty" \o "Need to hire new full-time or part-time faculty? This is where you indicate if this proposal will be affecting FLH in your department/program.)*: | **N/A** | | | | |
|  | [*Library*:](#library) | **N/A** | | | | |
|  | [*Technology*](#technology) | **N/A** | | | | |
|  | [*Facilities*](#facilities): | **N/A** | | | | |
|  | Promotion/ Marketing needs | **N/A** | | | | |
| A.8. [Semester effective](#Semester_effective) | **Fall 2018** | A.9. Rationale if sooner than next fall | |  | | |

### C. [Program Proposals](#program_proposals)

|  | [Old (for revisions only)](#old_program) | New/revised |
| --- | --- | --- |
| C.1. [Enrollments](#enrollments) |  |  |
| C.2. [Admission requirements](#admissions) |  |  |
| C.3. [Retention requirements](#retention) |  |  |
| C.4. [Course requirements](#course_reqs) for each program option | **“Two courses from MGT 515, MGT 535, HPE 505, HPE 500, MGT 520, Nurs 709”** | **Two additional 400 or 500-level courses approved by the Program Director.** |
| C.5. [Credit count](#credit_count) for each program option |  | **3 – 4 credit electives ( Total 50-52 credits; Accelerated 41-43 credits)** |
| C.6. Requirement for thesis, project, or comprehensive exam |  |  |
| C.7. Other changes if any |  |  |

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| **INSTRUCTIONS FOR PREPARING THE CATALOG COPY**: The proposal must include all relevant pages from the college catalog, and must show how the catalog will be revised. (1) Go to the “Forms and Information” page on the Graduate Committee website. Scroll down until you see the Word files for the current catalog. (2) Download ALL catalog sections relevant for this proposal, including course descriptions and/or other affected programs. (3) Place ALL relevant catalog copy into a single file. Put page breaks between sections and delete any catalog pages not relevant for this proposal. (4) Using the track changes function, revise the catalog pages to demonstrate what the information should look like in next year’s catalog. (5) Check the revised catalog pages against the proposal form, especially making sure that program totals are correct if adding/deleting course credits. |

## D. Signatures

* Changes that directly impact more than one department/program MUST have the signatures of all relevant department chairs, program directors, and relevant dean (e.g. when creating/revising a program using courses from other departments/programs).
* Proposals that do not have appropriate approval signatures will not be considered.
* Type in name of person signing and their position/affiliation.
* Send electronic files of this proposal and accompanying catalog copy to [graduatecommittee@ric.edu](mailto:graduatecommittee@ric.edu) and a printed or electronic signature copy of this form to the current Chair of Graduate Committee. Check Graduate Committee website for due dates.

##### D.1. Approvals: required from programs/departments/deans who originate the proposal. may include multiple departments, e.g., for joint/interdisciplinary prposals.

| Name | Position/affiliation | [Signature](#_Signature" \o "Insert electronic signature, if available, in this column) | Date |
| --- | --- | --- | --- |
| Marianne Raimondo | Program Director of Health Care Administration |  |  |
| Michael Casey | Chair of Management and Marketing Department |  |  |
| Jeffrey Mello | Dean of School of Business |  |  |

##### D.2. [Acknowledgements](#acknowledge): REQUIRED from OTHER PROGRAMS/DEPARTMENTS IMPACTED BY THE PROPOSAL. SIGNATURE DOES NOT INDICATE APPROVAL, ONLY AWARENESS THAT THE PROPOSAL IS BEING SUBMITTED. List all other programs and departments affected by this proposal. Signatures from these departments are required in the signature section. CONCERNS SHOULD BE BROUGHT TO THE GRADUATE COMMITTEE MEETING FOR DISCUSSION.

| Name | Position/affiliation | [Signature](#Signature_2) | Date |
| --- | --- | --- | --- |
| Carol Cummings | Program Director of Community Health |  |  |
| Marie Wilkes | Program Director of DNP |  |  |
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