

HEALTH INFORMATICS CERTIFICATE PROGRAM

Student Information			Advisor Information	
Last Name:	First Name:	Initial:	Name:	Phone:
Address:			Campus Address:	
Phone:	E-Mail:		E-mail:	
Student ID:				

PLAN OF STUDY (18 s.h.)

Course Title	Course #	Credit	Projected Enrollment Date	Completed	Grade	Comments
Foundations of Informatics (9 s.h.)						
Introductory Informatics coursework (3 s.h.) -Introduction to Informatics	IGPI:5110	3				
Programming coursework (3 s.h.) - Select one: CS:3210 or IGPI:5321						
-		3				
Database Systems Coursework (3 s.h.) -Select one: MSCI:4220, IGPI:6100, CS:4400						
-		3				
Health Informatics Core (9 s.h.)*						
1. Principles of Public Health Informatics	IGPI:5220	3				
2. Health Informatics I	IGPI:5200	3				
3. Elective**		3				
*Select two out of the three courses listed ** must be health-related and pre-approved						

FOR OFFICE USE ONLY:

Date of Notification by Student _____
 Dates of Review by Program Steering Committee _____
 Date of Recommendation to Grad College _____
 Date of Certificate Award _____

Student Full Name _____
 Student ID # _____
 College/Department _____
 Subprogram Advisor _____