



GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

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MHDS Graduate Summary Checklist (Catalog 2019-2021)

To earn a Master of Science Degree in Health Delivery Science, a student must satisfy the following minimum requirements, plus any others stipulated for the degree for which a student is a candidate. To fulfill your MHDS degree requirements, use the following checklist as a guide for tracking your progress. When you are ready to apply for graduation, include this signed form along with your graduation application submission.

Student Name: _____ Graduation Year: _____

Name of program: _____

- I. MHDS Program Requirements: 34 credit hours needed for Degree
- II. Course Requirements to be completed for this degree program:

FIRST YEAR OF PROGRAM

Fall Trimester AY1 (6-7 Credit Hours)

Course Number	Course Name	Credit Hrs	Course Completed
HDS 200A	Health Analytics	2	
HDS 202A	Healthcare Financing and Value	2	
HDS 203A	Program Evaluation and Applied Epidemiology	2	

Winter Trimester AY1 (5-6 Credit Hours)

Course Number	Course Name	Credit Hrs	Course Completed
HDS 201A	Principles and Practice of Digital Health Science	2	
HDS 202B	Principles and Practice of Cost-Effectiveness Analysis and Budget Impact Modeling	2	
HDS 204A	Topics in Healthcare Leadership	1	

Summer Trimester AY1 (9-10 Credit Hours)

Course Number	Course Name	Credit Hrs	Course Completed
HDS 203B	Introduction to Quality, Safety and Performance Improvement	2	
HDS 200B	Introduction to Biostatistics and R	2	
HDS 204B	Applied HDS: Capstone	4	
HDS 203C	Qualitative Research (Elective – Optional)	1	

SECOND YEAR OF PROGRAM

Fall Trimester AY2 (7 Credit Hours)

Course Number	Course Name	Credit Hrs	Course Completed
HDS 204C	Applied HDS: Capstone	7	

Winter Trimester AY2 (7-8 Credit Hours)

Course Number	Course Name	Credit Hrs	Course Completed
HDS204D	Applied HDS: Capstone and Presentation to Leadership	7	

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III. This degree program requires completion of the following components:

Capstone Project Oral Presentation

IV. Tuition Balance Paid in Full

If you have any billing questions, please contact Victor Jackson (victor.jackson@cshs.org)

V. **My signature certifies that this student has met all of the requirements for graduation contingent on the successful completion of the courses taken this semester.**

Student Financial Administrator (Signature)

(Date)

Program Director (Signature)

(Date)