CALIFORNIA STATE UNIVERSITY
LONG BEACH

College of Health and
Human Services

Supplemental Application Worksheet for
Master of Science in Health Care Administration (Traditional Program)

Full name: _____
Email: _____
Phone: _____

1. **Prerequisite courses**

Please indicate the course(s) from your transcript that you feel are equivalent to each prerequisite.

Microeconomics (ECON 101 or ECON 300 or equivalent)
Course Name: _____ Where taken: _____ Year: _____ Grade: _____
Course Name: _____ Where taken: _____ Year: _____ Grade: _____

Financial accounting (ACCT 201 or ACCT 500 or equivalent)
Course Name: _____ Where taken: _____ Year: _____ Grade: _____
Course Name: _____ Where taken: _____ Year: _____ Grade: _____

Statistics (SOC 170 or STAT 108 or equivalent)
Course Name: _____ Where taken: _____ Year: _____ Grade: _____
Course Name: _____ Where taken: _____ Year: _____ Grade: _____

2. **Health care-related work experience**

Prior work experience in health care is NOT required for admission to the MSHCA traditional program. However, if you have any, please complete the section below:

Job title: _____ Organization: _____
Current ☐ Full time ☐ Paid ☐ Mo/Yr started: _____ Mo/Yr ended: _____

Job title: _____ Organization: _____
Current ☐ Full time ☐ Paid ☐ Mo/Yr started: _____ Mo/Yr ended: _____

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