

**Health Care Informatics  
Distance Learning  
APPLICATION FOR COMPLETION OF PROGRAM**

Submit to the Graduate Office by 1<sup>st</sup> Week of Final Semester

**Student Name (Print or type name as it should appear on diploma):**

\_\_\_\_\_

**Date Submitted:** \_\_\_\_\_ **Student I.D. Number:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

(Address where Commencement information can be sent and diploma can be mailed, if necessary)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

I expect to complete my degree requirements  Fall  Spring  Summer \_\_\_\_\_

(year)

**Candidate's Signature:** \_\_\_\_\_

**Attending Commencement**  Yes  No

**Home town to be listed on Commencement Program:** \_\_\_\_\_

--Please verify coursework information on reverse side of Application for Degree--

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The student's graduate program and related requirements are completed or in progress.

**Signatures of Approval:**

**Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Office** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Graduation Fee Paid)

**Graduate School** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean, Graduate Studies:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Semester Degree to be posted: \_\_\_\_\_

Please confirm that you have taken the core courses, three electives, and deficiency courses (if any) required to complete your course of study.

**CORE COURSES**

Course Number	Title of Course	Term	Credits
HCI 5100	Health Care Informatics		3
HCI 5220	Health Care Systems Admin (elective)		3
HCI 5350	Health Care Decision Support		3
HCI 5370	Health Care Information Analysis & Design		3
HCI 5150	EHR in Clinical & Public Health Practice		3
HCI 5230	Health Care I.T. Management (elective)		3

Cumulative GPA: \_\_\_\_\_ Total Credits (15 Required)  
 (Entered by Graduate Studies Office)

**DEFICIENCY COURSES as listed in Admission Letter**

Course Number	Course Title	Term Taken	Credits	School (Transcript Req'd)

Send completed form to the address shown below:

Graduate School  
 Montana Tech  
 1300 West Park St  
 Butte MT 59701

<b>Graduate Office Official Use Only</b>	
Course Plan Reviewed	
By: _____	Date: _____
Data Entry Completed	
By: _____	Date: _____