

Welcome to Texas Woman's University Health Care Administration Program

Thank you for your interest in the Health Care Administration Program at Texas Woman's University—Houston Center. The program was established in 1973 and is accredited by the Commission on Accreditation of Health Management Education.

The faculty of the health care administration program seeks to develop our students' personal leadership potential by instilling habits of life-long learning. Our alumni are employed in responsible positions in hospitals, outpatient clinics, physician practices and long-term care facilities in the government, non-profit and private sectors of health care.

A principal goal of our program is to prepare managers to understand the social and ethical roles they will assume in their careers as health care administrators. Together we can find effective solutions to tomorrow's challenges.

We look forward to receiving your application to join us.

Sincerely,

Kelley Moseley, Dr. PH
Program Director and Professor
Program in Health Care Administration
Texas Woman's University

Admissions Information

Admission to all programs in the Graduate School and Institute of Health Sciences is open to qualified women and men. Students from various undergraduate backgrounds apply to the health care administration program. Applications for graduate study are accepted for fall, spring and summer enrollment. Completed applications should be submitted to the Office of Admissions prior to:

- May 30 for fall enrollment
- September 30 for spring enrollment
- March 1 for summer enrollment

All applicants must submit the following documentation to the Office of Student Records Processing:

- Application for admission and fee
- Evidence of an earned bachelor's degree with a minimum grade point average (GPA) of 3.0 on last 60 hours toward undergraduate degree and a minimum GPA of 3.0 in all prior graduate course work
- Scores from GRE or GMAT tests with preferred scores of 500 on the verbal, 500 on the quantitative and 4.5 on the analytical portions of the GRE or 450 on the GMAT*
- For international applicants only, scores of at least 580 for paper based and 235 for computer based exam or a Total Test score of at least 92 on Test of English as a Foreign Language (TOEFL) and a score of at least 82 on Michigan English Language Assessment Battery (MELAB) or 6.5 on International English Language Testing System (IELTS)

In addition, all applicants must submit the following documentation to the **Department of Health Care Administration, Texas Woman's University, 6700 Fannin, Houston TX 77030:**

- Current resume
- Three letters of reference
- Statement of your purpose and goals for seeking MHA degree

*Applicants may request a waiver of the GRE/GMAT requirement when applying to the Health Care Administration program. Waivers may be granted if the applicant has completed a **graduate** degree from an accredited U.S. college or university with a grade point average of at least a 3.0.

Admission

Admission is based on an evaluation of the applicant's educational and work history and potential to successfully undertake graduate study. Applicants must demonstrate evidence of prior academic and work success and leadership ability. Prior health care experience is preferred but not required.

Applicants may be admitted for graduate study in health care administration either unconditionally or provisionally. Unconditional admission is available to students with a minimum grade point average (GPA) of 3.0 on last 60 hours of course work toward undergraduate degree and a minimum GPA of 3.0 in all prior graduate course work and evidence of outstanding academic and work or life experiences that demonstrate potential for leadership in the health services environment.

Provisional admission may be permitted for students who have an undergraduate GPA based on the last 60 hours of less than 3.0. Granting of provisional admission status is dependent on evidence submitted by the applicant of an outstanding record of work or life experiences that demonstrate potential for leadership in the health services environment and the potential for success in graduate study. Students admitted provisionally must achieve a grade of B or better in each course taken during the first 12 course hours of study. Failure to meet the conditions of provisional admission will result in removal of the student from the degree program without possibility for readmission to this program.

TRANSCRIPT REQUEST FORM

TO: OFFICE OF THE REGISTRAR

DATE: _____

College/University Name

Address

City/State/Zip

Please send an official copy of my transcript to:

**TEXAS WOMAN'S UNIVERSITY
OFFICE OF GRADUATE ADMISSIONS
P.O.BOX 425649
DENTON, TX 76204-5649**

Name as it appears of transcript.

Dates of Enrollment _____

Student Number _____

Social Security Number _____

SIGNATURE _____

CURRENT ADDRESS _____

Note to Applicant for Graduate Study in Health Care Administration:
Please complete the above information as accurately as possible and submit this form to all prior universities and colleges attended. You may copy this form as necessary. Contact the Registrar's office at all colleges attended to determine the correct mailing address and any fees required for transcript copies. It is suggested that you complete this task as early as possible in order not to delay processing of your application.

RECOMMENDATION FOR ADMISSION

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF HEALTH SCIENCES-HOUSTON CENTER
PROGRAM IN HEALTH CARE ADMINISTRATION

Applicant Name: _____

Reference Name: _____

Applicant Please indicate your full name and the name of the individual providing your recommendation in the space provided. Give this form to your reference and request that he or she return it to the Department of Health Care Administration at the address shown. You may make additional copies of this form.

RIGHT OF ACCESS WAIVER The Family Rights and Privacy Act of 1974, as amended, allows a candidate for admission to waive his or her right of access to letters of recommendation, if the recommendation is used solely for the purpose of admission decision and if the candidate is notified of the names of all persons making recommendations. You, as an applicant for graduate study, are not required to make such a waiver as a condition of admission. However, you have the option of signing such a waiver. If you choose to do so, sign the statement below:

I hereby waive my right of access to this recommendation and any attachments, which have been provided by, _____ (insert name of person giving recommendation), in my behalf, for admission to graduate study in Health Care Administration at Texas Woman's University.

Signature _____

The person named above has applied to the Master's Program in Health Care Administration. An important part of this admission process is our evaluation of applicant references. The purpose of this graduate program is to produce capable and qualified health care administrators. Please assist us by providing your assessment of this candidate's abilities.

- A. How long have you known the applicant and in what capacity?

- B. What do you consider the applicant's primary strengths?

- C. What are the applicant's primary weaknesses?

- D. What is your assessment of this applicant's capacity for graduate study?

E. Compared to other persons you have known; please rate the applicant in terms of the following qualities:

	Superior	Above Average	Average	Below Average	Unable to Rate
Leadership Potential					
Maturity					
Motivation					
Oral Expression					
Written Expression					
Creativity					
Intellectual Ability					
Relations with Others					
Perseverance towards goals					

F. Please describe your view of this applicant's potential in the professional Health Administration environment.

G. If there are any special circumstances related to this applicant that you wish to communicate to the admissions committee, please indicate below. Add extra pages if necessary.

H. Concerning your recommendation of this applicant, please check one of the following:

Highest Recommendation
 Recommend
 Recommend with Reservation
 Borderline
 Do Not Recommend

Your Name _____ Title _____

Organization/ Address _____

Signature _____ Date _____

Please return this form to:
Dr. Kelley Moseley, Program Director
Program in Health Care Administration
Texas Woman's University-Houston Center
6700 Fannin, 7th Floor
Houston, TX 77030

(713) 794-20611 (713) 794-2350-Fax