## State University of New York Downstate Medical Center College of Health Related Professions Master of Science in Medical Informatics Program of Study Acknowledgment for Fall 2015 Matriculants Stibility to maintain and update this advisement record and bring it to meetin

Student ID No	Name	Phone	
Address		City, State, ZIP Code	
The 39 credits required listed on the <b>College</b> of responsible for familiar	l for your degree are listed  f Health Related Profess	Program Requirements d below. This Program of Study form reflects the curricular sions • College of Nursing website (www.downstate.edu). e website, the most recent SUNY Downstate Medical Cente	requirements Students are
Please refer to the <b>mos</b> credit.	t recent Student Handb	ook for specific information and guidelines regarding the av	vard of transfe
Year One - Fall Seme Term Term Planned Completed	*MIMS 5001 OR **ADMN 5400		Credits 3 1.5 1.5
	MIMS 5100	Introduction to Medical Informatics Database System Applications in Biomedicine	3
Term Term	mester Courses (10 cree Grade		
Planned Completed	* MIMS 5002 OR ** MIMS 5102 MIMS 5110	# Course Title Internet Integration in Healthcare  Health Care Across the Lifespan Healthcare Computer Network Architecture Research Methods	Credits 3 3 4 3
Year One - Summer S Term Term Planned Completed	MIMS 5201		Credits 2 3
Year Two - Fall Seme Term Term Planned Completed	ester Courses (9-15 cred Grade Earned Course MIMS 5112 MIMS 5203 MIMS 5204 MIMS 5206 ***MIMS 5208	lits)	Credits 3 3 1-3 1.5 1.5
Year Two - Spring Se Term Term Planned Completed	MIMS 5205 ***MIMS 5208		Credits 3 3 1.5 1.5
* To supplement com **To supplement heal ***MIMS 5208 and N	th care background.	TOTAL CREDITS REQUIRED together or separately in the Fall or Spring semester fo	39 r Year Two.
Anticipated Date of G	Graduation (Circle Mont	th & Year): <u>May</u> <u>August</u> <u>December</u> <u>2017</u> <u>20</u>	<u>)18</u> <u>2019</u>
degree of Master of Sc policies regarding the o	ience from the State University of the description of the description.	the courses I am required to successfully complete to be awarersity of New York Health Science Center at Brooklyn. The egree are published in the <b>most recent</b> SUNY Downstate Nensure my academic success.	e academic
		Orientation:	
Signature of Student	Date	Signatures of Faculty Advisor (Date)	(Date)