

Mercy College Approval Form

Fill out the following fields, print and deliver to Jeannine Matz for signature.



Student's Full Name

Date

Mercy College Intended Graduation Date

I am applying for admission to the: (choose one of the following)

- Master of Health Care Administration (MHA) Program
- Graduate Certificate in Health Care Administration

The pursuit of an MHA degree has been discussed thoroughly with the applicant. As the Mercy College advisor, I am confident the student understands the responsibility of balancing their workload appropriately. The student's academic performance and achievement indicates future success in their participation and contribution to the Health Care Administration program at Des Moines University and the career field. I support the student's application to the College of Health Sciences.

Comments:

Jeannine Matz

Date

Send Completed Form to:

MHA Admissions
Des Moines University
3200 Grand Avenue
Des Moines, IA 50312
