A minor in Health Information Management (HIM) is offered by the Department of Health Informatics and Information Management in the Doisy College of Health Sciences.

An HIM minor can complement any student’s major who is interested in healthcare. It provides students with an introduction and foundation in the management of the increasingly important asset of health information. As healthcare becomes more information intensive the ability to manage and understand data will be an increasingly valuable skillset.

Student Name: ____________________________  Banner ID: ____________________________
Email: ___________________________________  Major: ________________________________
Anticipated Graduation Date: __________________________

All HIM minors must complete 18 credit-hours (6 courses). Students pursuing the HIM Minor are required to take and pass with a grade of C or above, the courses distributed as follows:

**Required Courses:**

- **Semester and Grade**
  - (HIM 3000) Introduction to Health Informatics --Fall
  - (HIM 2700 or HSCI 3010) Medical Terminology --both
  - (ITM 2000) Introduction to Micro computing --both

**Elective Courses** - three courses chosen from the following:

- (HIM 3100) Medico-legal Aspects --Fall
- (HIM 3200) Health Data Management --Spring
- (HIM 3500) Health Care Management --Fall or (MGT 3000) Mgmt Theory & Practice
- (HIM 4150) Quality Improvement --Spring
- (HIM 4500) Management of Human Resources --Fall
- (HIM 4610) Electronic Health Systems Management --Spring

Total hours from the Department of Health Informatics and Information Management: 15
Total hours from the Cook School of Business and Administration (ITM 2000): 3
**Total hours required for the minor:** 18

**Note:**
Offered Fall Semester Only: HIM 3000, HIM 3100, HIM 3500, HIM 4500
Offered Spring Semester Only: HIM 3200, HIM 4150, HIM 4610
Offered Both Semesters: HIM 2700, HSCI 3010 ITM 2000

Student Signature: ____________________________________________  Date: ____________
Academic Advisor: ____________________________________________  Date: ____________
For Department Use Only: I hereby: Accept_____ Defer_____ Reject_____

Reason (if any): ____________________________________________________________

Mentor: ___________________________ Date: ___________________________

Dean’s Office: ___________________________ Date: ___________________________

Revised: 5/15