

This form must be submitted with Part I of the Graduate College Proposed Degree Program Form

, and the second of the second

Date	NSHE #	RebelMail				
Last Name:	First Name:		Middle Initial:			
BSN from:	Date Conferred:					
Course #	Course Title	Term to be taken	Credit	Grade	Date Completed	
NURS 704	Advanced Pathophysiology and Genetics I	Year 1 – FA	3		•	
NURS 706	Nursing Theory and Research	Year 1 – FA	3			
NURS 711	Informatics and Quality Improvement	Year 1 – SP	3			
NURS 730	Advanced Pharmacology and Genetics II	Year 1 – SP	3			
NURS 719R	Health & Public Policy for Advanced Practice of Nursing	Year 1 – SU	3			
NURS 714	Family Theory and Health Promotion	Year 1 – SU	2			
NURS 701	Diagnostic Reasoning and Clinical Decision Making for the FNP (45 clinical hours)	Year 2 – FA	2			
NURS 703	Advanced Health Assessment	Year 2 – FA	3			
NURS 752	Nurse Practitioner Business and Roles	Year 2 – FA	3			
NURS 740R	FNP Adult and Women's Health (180 clinical hours	Year 2 – SP	6			
NURS 750R	FNP Children and OB (180 clinical hours)	Year 2 – SU	6			
NURS 760R	FNP Geriatric & Chronic Illness (270 clinical hours)) Year 3 – FA	8			
NURS 761	Clinical Synthesis	Year 3 – FA	1			
Denotes MSN (Cara Coursa	Total	46			
TRANSFER C						
TOTAL CREI	DITS REQUIRED TOTAL CREDITS EARNED	I			. I	
	46					
Signature:						

Updated 05/06/16