

MSN-DNP - ACUTE CARE NURSE PRACTITIONER PROPOSED PROGRAM OF STUDY

T. No	TTU Home C	ampus Stud	dent- Eff	ective Aug 2018)			
Name:							
				INSTITUTION			
COURSE	COURSE					Date	
Title	Course Number	Credit	Grade	TTU or ETSU or Other (Specify)**	Equiv. TTU Course No.	Completed or To Be Completed	
Background Courses (if applicable)		0.00	0.000		000.007.00	Completed	
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		+					
MSN to DNP Core Courses							
HOIT TO DITE COIL COURSES							
Scholarly Writing	NRSE 5030	1		ETSU			
Principles of Population Health & Data Analysis	NRSE 5100	4		ETSU			
Knowledge Translation & Process Improvement	NRSE 6050 NRSE 6713	3		ETSU			
Systems Management DNP Project Identification	NRSE 6801	3		ETSU TTU			
DNP Project Development	NRSE 6802	3		lттu			
DNP Project Implementation	NRSE 6803	3		TTU			
DNP Project Evaluation & Dissemination	NRSE 6804	3		TTU			
DNP Concentration Courses							
Strategic Planning for Health Care Organizations	NRSE 5590	3		тти			
Advanced Wound Care	NRSE 6015	3		TTU			
Advanced Concepts in Pathophysiology	NRSE 6016	3		TTU			
ntegrative Application of Advanced Practice Skills	NRSE 6018	3		ITTU			
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		1	—				
Do you anticipate using Human Subjects i	n your resear	ch? L¥ES L	_NO	advisar for more i	Final GP	A:	
If yes, IRB approval is required for progre TOTAL Semester Hours Credit To Be Counted Toward Degree	ssion with pro	35 Ject. Contac	ct your a	* Enter courses in following			
Other Requirements: Per SACSCOC – 1/3 coursework i	s with partner insti			Background coursesInclude background			
24 Credit Hours from TTU and 11 Credit Hours from ET				courses taken at the level	e Masters or Docto	ral	
					2. MSN to DNP Core Courses		
				3. DNP Concentration			
				**Enter name of university	where courses we	ere taken	
Total Hours: 5000 level 6000 level		7 years expires	end of				
				erm) (year)			
APPROVED PROJECT COMMITTEE:							
	date	_Chairperson			date		
	date	_ Member	Concent	ration Coordinator			
	date date	_Member Member			date		
	date	_ Member _ Member	School c	of Nursing Designee			
	date	- Member					

date

Member

College of Graduate Studies Designee

Appointment of Project Committee

I hereby request that the following members of the Graduate Faculty be appointed to serve on my Graduate Project Committee:

Name (please type in committee names)

Chairperson				
Member				
Student's Signa	ture	D	ate	
Student T No.				
Approved				
	Concentration Coordinator			date
Approved				
	School of Nursing Designee			date
Approved				
	College of Graduate Studies Designee			date