



MSN-DNP – PEDIATRIC PRIMARY CARE NURSE PRACTITIONER

PROPOSED PROGRAM OF STUDY

(TTU Home Campus Student- Effective Aug 2018)

T. No. \_\_\_\_\_

Name: \_\_\_\_\_

Table with columns: COURSE (Title, Course Number, Credit, Grade), INSTITUTION CREDIT INFORMATION (TTU or ETSU or Other (Specify)\*\*), and Date Completed or To Be Completed. Rows include Background Courses, MSN to DNP Core Courses, and DNP Concentration Courses.

Do you anticipate using Human Subjects in your research?  YES  NO Final GPA: \_\_\_\_\_ If yes, IRB approval is required for progression with project. Contact your advisor for more information.

Summary table containing: TOTAL Semester Hours Credit To Be Counted Toward Degree (35), Other Requirements: Per SACSCOC – 1/3 coursework is with partner institution = 24 Credit Hours from TTU and 11 Credit Hours from ETSU, and instructions for course entry order.

Total Hours: 5000 level \_\_\_\_\_ 6000 level \_\_\_\_\_ 7 years expires end of \_\_\_\_\_ (term) \_\_\_\_\_ (year)

APPROVED PROJECT COMMITTEE:

Approval signatures and dates for Chairperson, Member, Concentration Coordinator, School of Nursing Designee, and 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
_____
Member
_____
Member
_____
Member
_____
Member
_____
Member

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student T No. \_\_\_\_\_

Approved \_\_\_\_\_  
Concentration Coordinator date

Approved \_\_\_\_\_  
School of Nursing Designee date

Approved \_\_\_\_\_  
College of Graduate Studies Designee date