



MASTER OF SCIENCE NURSING EDUCATION (AFTER SPRING 2013)

PROPOSED PROGRAM OF STUDY
HANDWRITTEN FORMS WILL NOT BE ACCEPTED

T No. _____ Name _____

	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
CORE COURSES	NURS 6000	Theoretical Foundations			3	
	NURS 6001	Health Care Policy			3	
	NURS 6002	Advanced Nursing Research			3	
	NURS 6003	Advanced Role Development			3	
	NURS 6990	Scholarly Synthesis/Research			3	
NURSING EDUCATION CONCENTRATION REQUIRED COURSES	NURS 6204	Curriculum Design & Education Theory			3	
	NURS 6205	Evaluation Methods in Nursing Education			3	
	NURS 6101	Advanced Health Assessment			3	
	NURS 6102	Advanced Health Assessment – Clinical			3	
	NURS 6103	Advanced Pathophysiology			3	
	NURS 6104	Advanced Pharmacology			3	
CLINICAL FOCUS (Choose 1 course)	NURS 6505	Advanced Adult Health Nursing			3	
	NURS 6515	Advanced Psychiatric/Mental Health Nursing			3	
	NURS 6525	Advanced Critical Care Nursing			3	
	NURS 6535	Advanced Women's Health & Perinatal Nursing			3	
	NURS 6545	Advanced Pediatric Nursing			3	
NURSING EDUC. PRACTICUM REQUIREMENT	NURS 6207	Clinical Focus Practicum			2	
	NURS 6209	Nursing Education Practicum			4	
TRANSFER CREDIT						
Total Practice Contact Hours = 360					TOTAL Semester Hours Credit to be Counted Toward Degree	
					40	

*Required for student admitted Spring 2013 or later

Do you anticipate using Human Subjects in your research? ___YES ___NO
If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.

6 years expires end of _____ (term) _____ (year) **FINAL GPA** _____

Graduate Nursing Program Coordinator Date _____

Dean School of Nursing Date _____

College of Graduate Studies Designee Date _____

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

NOTICE:

1. A graduate student shall be enrolled for at least one course appropriate to the degree objective during the term in which the degree is awarded.
2. Application for graduation must be submitted by deadline published in catalog and the online Academic Calendar.

**TENNESSEE TECHNOLOGICAL UNIVERSITY
GRADUATE STUDIES**

**APPLICATION FOR ADMISSION TO CANDIDACY
AND
APPOINTMENT OF ADVISORY COMMITTEE**

I hereby apply for admission to candidacy and acknowledge that the following members of the MSN Executive Committee serve on my Graduate Advisory Committee.

ADVISORY COMMITTEE:

_____ TN eCampus MSN Program Coordinator

STUDENT'S NAME: _____

Student T Number: _____

NCLEX-RN: State(s) _____ License Number(s): _____

Departmental Use Only:

CANDIDACY:

Major Subject : _____ Master of Science in Nursing (MSN) _____

Date Admitted to Full Standing: _____

Graduate Credits Completed at TTU: _____ At Other Universities: _____

Graduate GPA at TTU: _____ At Other Universities: _____