



**MASTER OF NURSING SCIENCE
NURSING INFORMATICS
PROPOSED PROGRAM OF GRADUATE STUDY**

T No. _____ Name _____

	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade
CORE COURSES	NURS 6000	Theoretical Foundations	TTU		3	
	NURS 6001	Health Care Policy	TTU		3	
	NURS 6002	Advanced Nursing Research	TTU		3	
	NURS 6003	Advanced Role Development	TTU		3	
	NURS 6990	Scholarly Synthesis/Research	TTU		3	
NURSING INFORMATICS CONCENTRATION REQUIRED COURSES	NURS 6401	Introduction to Healthcare Informatics	TTU		3	
	NURS 6402	Health Care Info. Sys. & Tech. Integration	TTU		3	
	NURS 6403	Project Mgmt – Systems Analysis & Design	TTU		3	
	NURS 6404	Project Mgmt – Sys. Implementation & Eval.	TTU		3	
	NURS 6406	Hlth Care Data Analy. & Evidence-Bsd Prac.	TTU		3	
NURSING ADMINISTRATION PRACTICUM REQUIREMENT	NURS 6407	Accounting Information for Mgmt Decisions	TTU		2	
	NURS 6409	Financial Management	TTU		2	
	NURS 6410	Analytical Decision Making	TTU		4	
TRANSFER CREDIT						

Total Practice Contact Hours =240 TOTAL Semester Hours Credit to be Counted Toward Degree 38

Do you anticipate using Human Subjects in your research? NO ___ YES ___ 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 _____

Approved by MSN Executive Committee

Date

Dean School of Nursing

Date

Office of Graduate Studies

Date

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

APPLICATION FOR ADMISSION TO CANDIDACY

AND

APPOINTMENT OF ADVISORY COMMITTEE

I certify that I have satisfactorily completed nine semester hours of graduate work and hereby apply for admission to candidacy and acknowledge that the following members of the MSN Executive Committee serve on my Graduate Advisory Committee.

CANDIDACY:

Major Subject : _____ Nursing Informatics _____

Date Admitted to Full Standing: _____

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

Graduate GPA at TTU: _____ At Other Universities: _____

NCLEX-RN: States _____

License Number _____

ADVISORY COMMITTEE (Minimum of three members):

STUDENT'S SIGNATURE _____

Student T #: _____

Address: _____

Street

City, State, Zip

Home Telephone () _____ Work Telephone () _____

Cellular Telephone () _____

Email: _____