**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Student’s Name:**       | **NAU ID:**        |
| **E-mail Address:**      @nau.edu  | **Phone Number:**       |
| **Enrollment Term:**        (ex. Summer 2016) | **Expected Graduation:**       (ex. Spring 2018) |
| **Advisor:**       |
| **Total Required Credits for this Degree Program:** **30** |
| **This is the:** [ ]  **Initial** (upon admission) [ ]  **Final** (submitted with Graduation Application) **Program of Study** |

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P/I\*\*** |
| 1. **Required Courses (30 units required)**
 |
| \* | NUR 510 | Theoretical Foundations in Nursing |       |       |      |    |   |       |
| \* | NUR 520 | Applied Pathophysiology for APNs |       |       |      |    |   |       |
| \* | NUR 530 | Advanced Principles in Evidence-based Practice*Pre-req: NUR 510* |       |       |      |    |   |       |
| \* | NUR 540 | Pharmacology for Advanced Practice Nurses |       |       |      |    |   |       |
| \* | NUR 550 | Family Nursing Theory and Practice |       |       |      |    |   |       |
| \* | NUR 560 | Rural Theory and Health Policy*Pre- or Co-req: NUR 510* |       |       |      |    |   |       |
| \* | NUR 605 | Graduate Research Seminar*Pre-req: NUR 530* |       |       |      |    |   |       |
| \* | NUR 650 | Advanced Nursing Assessment |       |       |      |    |   |       |
| \* | NUR 675 | Advanced Roles Transition |       |       |      |    |   |       |
| \* | NUR 676 | Healthcare Systems: Technology, Quality, and Economics*Pre-req: NUR 510* |       |       |      |    |   |       |
| \* | NUR 682 | Nursing Leadership Applications*Pre-req: NUR 605* |       |       |      |    |   |       |

Student’s Name:       NAU ID:

**Additional Requirements**

All students will complete NUR 682 which will include completion and dissemination of the student's Evidence-Based Practice Capstone.

**Signatures**

By signing below, you agree to the following statement:

*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

|  |  |
| --- | --- |
| **Student:** | **Date:** |
| **Advisor:** | **Date:** |
| **Chair** (required for Final)**:** | **Date:** |

**\*\*Transfer/Equivalent/Previous Graduate Degree** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Equivalent E = Course taken at NAU in place of required course

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree

**Transfer Credit Example:**

|  |  |  |  |  |  |  |  |  |
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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P/I\*\*** |
|  | **ABC 123** | **Fundamentals of English** | **ASU 456** | **Fall**  | **2012** | **3** | **A** | **T/ASU** |