**STUDENT INFORMATION**

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| **Student’s Name:**       | **NAU ID:**        |
| **E-mail Address:**      @nau.edu  | **Phone Number:**       |
| **Enrollment Term:**        (ex. Summer 2016) | **Expected Graduation:**       (ex. Spring 2019) |
| **Advisor:**       |
| **Total Required Credits for this Degree Program:** **48**  |
| **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\*\*** |
| 1. **Required Courses (48 units required)**
 |
| \* | NUR 510 | Theoretical Foundations |       |       |       |       |       |       |
| \* | NUR 520 | Applied Pathophysiology for APNs*Co-req: NUR 540* |       |       |       |       |       |       |
| \* | NUR 530 | Advanced Principles in Evidence-based Practice*Pre-req: NUR 510* |       |       |       |       |       |       |
| \* | NUR 540 | Pharmacology for Advanced Practice Nurses*Co-req: NUR 520* |       |       |       |       |       |       |
| \* | NUR 550 | Family Nursing Theory and Practice |       |       |       |       |       |       |
| \* | NUR 560 | Rural Theory and Health Policy |       |       |       |       |       |       |
| \* | NUR 650 | Advanced Nursing Assessment*Co-req: NUR 520* |       |       |       |       |       |       |
| \* | NUR 660 | Family Primary Health Care I*Pre-req: NUR 510, NUR 520, NUR 530, NUR 540, NUR 550, NUR 560, NUR 650, NUR 675, NUR 675, and NUR 676**Co-req: NUR 661* |       |       |       |       |       |       |
| \* | NUR 661 | Family Primary Health Care Practicum I*Pre-req: NUR 510, NUR 520, NUR 530, NUR 540, NUR 550, NUR 560, NUR 650, NUR 675, and NUR 676**Co-req: NUR 660* |       |       |       |       |       |       |
| \* | NUR 662 | Family Primary Health Care II*Pre-req: NUR 660 and NUR 661**Co-req: NUR 663* |       |       |       |       |       |       |

Student’s Name:       NAU ID:

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| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| \* | NUR 663 | Family Primary Health Care Practicum II*Pre-req: NUR 660 and NUR 661**Co-req: NUR 662* |       |       |       |       |       |       |
| \* | NUR 664 | Family Primary Health Care III*Pre-req: NUR 662 and NUR 663**Co-req: NUR 665* |       |       |       |       |       |       |
| \* | NUR 665 | Family Primary Health Care Practicum III*Pre-req: NUR 662 and NUR 663**Co-req: NUR 664* |       |       |       |       |       |       |
| \* | NUR 675 | Advanced Roles Transition |       |       |       |       |       |       |
| \* | NUR 676 | Healthcare Systems: Technology, Quality, and Economics |       |       |       |       |       |       |

**aDDITIONAL REQUIREMENTS**

1. All students will complete clinical experiences in NUR 661, NUR 663, and NUR 665.
2. Clinical experience in NUR 665: Family Primary Health Care Practicum III will include completion and dissemination of the student’s Evidence-Based Practice Capstone.

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name 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.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (electronic signatures are permitted) in the space provided.

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| **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