**STUDENT INFORMATION**

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| **Name:** | **NAU ID:** |
| **NAU E-mail Address:** | **Phone Number:** |
| **Term of Admission:** | **Expected Graduation Term/Year:** |
| **Advisor:** | **Required Credits for Degree Program: 30** |

I. **Required Courses (30 units required)**

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| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| NUR 510 | Theoretical Foundations |  |  |  |  |  |  |
| 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  *Pre- or Co-req: NUR 520* |  |  |  |  |  |  |
| NUR 550 | Family Nursing Theory and Practice |  |  |  |  |  |  |
| NUR 560 | Rural Theory and Health Policy |  |  |  |  |  |  |
| NUR 605 | Graduate Research Seminar  *Pre-req: NUR 530* |  |  |  |  |  |  |
| NUR 650 | Advanced Nursing Assessment  *Pre- or Co-req: NUR 520* |  |  |  |  |  |  |
| NUR 675 | Advanced Roles Transition |  |  |  |  |  |  |
| NUR 676 | Healthcare Systems: Technology, Quality, and Economics |  |  |  |  |  |  |
| NUR 682 | Nursing Leadership Applications  *Pre-req: NUR 605* |  |  |  |  |  |  |

**Additional Requirements**

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

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

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 (formal electronic signatures are permitted) in the space provided.

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| --- | --- |
| **Student:** | **Date:** |
| **Advisor:** | **Date:** |
| **Chair:** | **Date:** |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

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

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

Accelerated Program “Dual-use” A = Courses completed during the undergraduate career and used to satisfy both the Bachelors and Master’s degree requirements. ONLY for designated Accelerated students.