**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **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:** **38** | |
| **This is the:**  **Initial** (upon admission)  **Final** (submitted with Graduation Application) **Program of Study** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*** | **Course No.** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Hours** | **Grade** | **T/E/P\*\*** |
| 1. **Required Courses (38 units required)** | | | | | | | | |
| \* | NUR 520 | Applied Pathophysiology for APNs  *Co-req: NUR 540* |  |  |  |  |  |  |
| \* | NUR 540 | Pharmacology for Advanced Practice Nursing  *Co-req: NUR 520* |  |  |  |  |  |  |
| \* | NUR 550 | Family Nursing Theory and Practice |  |  |  |  |  |  |
| \* | NUR 560 | Rural Theory and Health Policy  *Pre- or Co-req: NUR 510* |  |  |  |  |  |  |
| \* | NUR 650 | Advanced Nursing Assessment |  |  |  |  |  |  |
| \* | NUR 660 | Family Primary Health Care I  *Pre-req: NUR 510, NUR 520, NUR 530, NUR 540, NUR 550, NUR 560, NUR 650, and NUR 675.*  *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, and NUR 675.*  *Co-req: NUR 660* |  |  |  |  |  |  |
| \* | NUR 662 | Family Primary Health Care II  *Pre-req: NUR 660 and NUR 661*  *Co-req: NUR 663* |  |  |  |  |  |  |
| \* | 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 II  *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 |  |  |  |  |  |  |

Student’s Name:       NAU ID:

**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:**

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