Reset Form

EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES
Program of Study for the Master's Degree

Office Use Only
Input on SIS:_____
Initials:_____
Catalog of Record:_____

Name:_____ _____
Student's Name (please type or print) Identification Number

Field of Study: Nursing - RODP Concentration: Administration

(Please Type or Print)

Course ID Number	Course Title	Grade	Credit Hours	Semester Completed or to be Completed	Transfer * Credit	Substitute For Course #	**Office Use Only**
NURS 5000	Theoretical Foundations		3				
NURS 5001	Health Care Policy		3				
NURS 5002	Advanced Nursing Research		3				
NURS 5003	Advanced Role Development		3				
NURS 5301	Nursing Administration I		3				
NURS 5302	Nursing Administration II		3				
NURS 5303	Health Care Finance		3				
NURS 5304	Human Resources Management		3				
NURS 5305	Quality Management in Nursing & Health Car		3				
NURS 5309	Nursing Administration Practicum		4				
NURS 5990	Scholarly Synthesis/Research		3				
Total number of hours required for degree----------			34				

* Non-ETSU transfer credit must be approved before it can be shown on the program of study.

Student's Signature:_____ Date:_____

Approved:_____ Date:_____
Advisory Committee Chair

Approved:_____ Date:_____
Graduate Program Coordinator

Approved:_____ Date:_____
Additional signature(s) if required by program

Updated 6/22/05