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 Concentration: Clinical Nurse Leader

(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**
ALNU 5009	Health Assessment Throughout the Lifespan		3				
ALNU 5010	Health Assessment Practicum		3				
PMNU 5000	Conceptual Systems for Advanced Nsg Pract		2				
ALNU 5016	Advanced Pathophysiology		3				
PMNU 5001	Nursing Research and Design		3				
ALNU 5021	Case Management		2				
PMNU 5200	Microsystem Management for the CNL		3				
ALNU 5210	Advanced Pharmacology for Non-Prescribers		3				
PMNU 5520	Fiscal management in Nursing Administration		3				
PMNU 5535	Quality Management in Health Care		3				
PMNU 5017	Health Care Informatics		3				
FCNU 5220	Population-Based Clinical Nsg Care		3				
PMNU 5002	Policy & Ethics		3				
FCNU 5950	Internship		4				
	Elective		3				
Total number of hours required for degree----------			44				

* 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