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: Family Nurse Practitioner

(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 5101	Advanced Health Assessment		3				
NURS 5102	Advanced Health Assessment Clinical		1				
NURS 5103	Advanced Pathophysiology		3				
NURS 5104	Advanced Pharmacology		3				
NURS 5601	Family Nurse Practitioner I		3				
NURS 5602	Family Nurse Practitioner I Clinical		2				
NURS 5603	Family Nurse Practitioner II		3				
NURS 5604	Family Nurse Practitioner II Clinical		4				
NURS 5605	Family Nurse Practitioner III		3				
NURS 5606	Family Nurse Practitioner III Clinical		2				
NURS 5609	FNP Practicum		4				
NURS 5990	Scholarly Synthesis/Research		3				
Total number of hours required for degree----------			46				

* 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