

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: GNP

(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		3				
ALNU 5010	Health Assessment Practicum		3				
ALNU 5011	Young & Middle Adults		2				
ALNU 5013	Older Adults		2				
ALNU 5014	Older Adults Practicum		3				
ALNU 5016	Pathophysiology		3				
ALNU 5018	Pharmacology		3				
ALNU 5021	Case Management		2				
ALNU 5022	Case Management Practicum		3				
ALNU 5031	Structured Settings		2				
ALNU 5032	Structured Settings Practicum		3				
ALNU 5038	Pharmacology & Therapeutic		1				
FCNU 5950	Internship		4				
PMNU 5000	Conceptual Systems		2				
PMNU 5001	Nursing Research		3				
PMNU 5004	Seminar in Professional Roles		1				
PMNU 5402	Behavioral Health		3				
PUBH 5607	Gerontology and Health		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: _____
 Advisory Committee Chair

Date: _____

Approved: _____
 Graduate Program Coordinator

Date: _____

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

Date: _____