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: Informatics

(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 5401	Informatics & Information Managemetn		3				
NURS 5402	Health Care Information Systems		3				
NURS 5403	Anal & Design of Hlth Care Information Syst		3				
NURS 5404	Evaluation of Hlth Care Information Syst		3				
NURS 5405	Health Care Data Analysis Techniques		2				
NURS 5407	Informatics Applications/Practicum I		2				
NURS 5409	Informatics Applications/Practicum II		2				
NURS 5990	Scholarly Synthesis		3				
Total number of hours required for degree----------			33				

* 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