

**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:     PMHNP    

(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 5016	Pathophysiology		3				
ALNU 5018	Pharmacology		3				
ALNU 5021	Case Management		2				
FCNU 5950	Internship		4				
PMNU 5000	Conceptual Systems		2				
PMNU 5001	Nursing Research		3				
PMNU 5002	Policy & Ethics		3				
PMNU 5004	Seminar in Professional Roles		1				
PMNU 5303	Psychopharmacology		3				
PMNU 5404	Adv Psych Nsg Care I		3				
PMNU 5405	Adv Psych Nsg Care I Pract		3				
PMNU 5408	Adv Psych Nsg Care II		2				
PMNU 5409	Adv Psych Nsg Care II Pract		2				
PMNU 5410	Interpersonal Treatment Mod		3				
PMNU 5411	Inter Treatment Mod Pract		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: \_\_\_\_\_