



Application for Graduation RN-MSN-FNP (73 Semester Hours)

Last Name

First Name

Middle Name

Permanent Address

City

State

Zip Code

County

()

()

Home Phone

Cell/Work Phone

Birthdate

Birthplace (City & State)

U.S. Citizen? Yes No

Alien Reg # _____

(if applicable)

Semester and year are you expect to graduate:

Fall/December

Spring/May

Year 20_____

Please PRINT your name EXACTLY as it is to appear on the diploma:

(print your name in the box above)

Student Signature

Date

Please email your completed form to austin.w.blair@osfhealthcare.org

RN-MSN-FNP- MASTER OF SCIENCE IN NURSING MSN CURRICULUM (73 SEM HRS)

ADVISOR: Please refer to your copy of the Student Curriculum/Degree Audit Report.

GENERAL COURSES: Hours Completed

500 Theoretical Foundations (3) _____

707 Principles of Epidemiology and Health Promotion
& Advanced Practice Nursing (3) _____

710 Biostatistics (3) _____

726 Analysis of Evidence Based Practice (3) _____

759 Information Systems/Technology for Transformation of HealthCare (3) _____

815 Organizational Management in Leadership and HealthCare (3) _____

RN-MSN TRANSITION COURSES: Hours Completed

318 Research for Nsg Practice Practice Nursing ____

425 Promoting Healthy Communities _____

433 Experience in Clinical Nursing* _____

450 Transition to Advanced Nsg Practice _____

SPECIFIC COURSES: Hours Completed

509 Advanced Health Assessment Clinical
Reasoning & Diagnosis Across the Lifespan _____

511 Differential Diagnosis (3) _____

519 Advanced Pathophysiology
Across the Lifespan _____

529 Advanced Pharmacotherapeutics
Across the Lifespan _____

555 Family Health Mgt I (4) _____

556 Family Health Mgt II (4) _____

557 Family Health Mgt III (4.5) _____

642 FNP Prct. IV (4.5) _____

PRACTICUM: Hours Completed

Total Program Practicum Hours = 700

Total Credit Hours = 70

ADVISOR:

PLEASE TOTAL UP SEMESTER HOURS: _____

Verified by: _____
(Academic Advisor) (Date)

Form Submitted: _____
(Admissions Department) (Date)