

**SAINT FRANCIS MEDICAL CENTER
COLLEGE OF NURSING
Peoria, Illinois**

INSTRUCTIONS FOR COMPLETING THE:

PMHNP-MASTER OF SCIENCE IN NURSING

APPLICATION FOR GRADUATION FORM

**FOR:
MAY 18, 2024**

The Application for Graduation Form must be completed and signed by you and your Academic Advisor. Please submit your completed Application for Graduation Form to the Registrar, Donna Neff, at the college by: TUESDAY, NOVEMBER 10, 2023 to be processed for the: MAY 18, 2024 GRADUATION CEREMONY.

Incomplete applications will not be accepted. All information required on the Application for Graduation Form must be completed prior to the deadline date. All students must meet graduation requirements as stated in the Saint Francis Medical Center College of Nursing Catalog.

STUDENTS MUST CLEAR ALL FINANCIAL OBLIGATIONS WITH THE COLLEGE OF NURSING IN ORDER TO ASSURE RELEASE OF THE DIPLOMA AND FINAL TRANSCRIPT.

SAINT FRANCIS MEDICAL CENTER COLLEGE OF NURSING
Peoria, Illinois

PMHNP – MASTER OF SCIENCE IN NURSING
APPLICATION FOR GRADUATION FORM

NAME: _____
(Last) (First) (Middle)

PERMANENT ADDRESS: _____

(City) (State) (Zip Code) (County)

Phone#: Home () Cell or Work#: ()

BIRTH DATE: _____ BIRTHPLACE: _____
(City & State)

US CITIZEN? Circle: YES or NO ALIEN REG # _____
(If Applicable)

SEMESTER AND YEAR EXPECTED TO GRADUATE:

FALL/DECEMBER SEMESTER 20 OR SPRING/MAY SEMESTER 20

Please **PRINT** your name below **EXACTLY** as it is to appear on the **DIPLOMA**.

(PRINT YOUR NAME)

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Do you want an announcement to appear in your local and or parents' newspaper? _____

If YES, please complete the Form on page 4 from the Public Relations Department and **return** it to the Registrar, Donna Neff at the college by: **NOVEMBER 10, 2023.**

(Student Signature)

(Date)

PMHNP – MASTER OF SCIENCE IN NURSING – MSN CURRICULUM (49 sem
hrs)

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

CORE COURSES **Hours Completed**

500 Theoretical Foundations _____

710 Biostatistics _____

726 Analysis of EBP _____

707 Prin of Epidemiology and Health
Promotion in Adv Nursing Practice _____

512 Roles & Issues in Advanced
Practice Nursing _____

815 Org Management and Leadership in HC _____

SPECIFIC COURSES **Hours Completed**

509 Advanced Health Assessment, Clinical Reasoning
and Diagnosis Across the Lifespan _____

519 Advanced Pathophysiology
Across the Lifespan _____

529 Advanced Pharmacotherapeutics Across the Lifespan _____

566 Family Mental Health Psycho-Pharmacology _____

568 Adv Assessment and
Therapeutic Interventions _____

569 FPMHNP Practicum I _____

570 Family Psychiatric Mental
Health Nursing – Diagnosis and
Management of Children &
Adolescents _____

571 FP/MHNP Practicum II _____

572 Adv Psychiatric Nursing Diag and Mgt _____

573 FP/MHNP Practicum III _____

650 FP/MHNP Practicum IV _____

TOTAL SEMESTER HOURS _____

Verified by: _____
(Academic Advisor) (Date)

Verified by: _____
(Dean, Graduate Program) (Date)

Form Submitted: _____
(Director of Admissions/Registrar) (Date)

Total Program Practicum Hours = 640
Total Credits: 49

REVISED: 11/02/2023

The Public Relations Department sends graduation announcements to appropriate newspapers. You are asked to help by supplying the name and email address of the newspapers to which news releases about your academic accomplishment should be sent.

Please complete the form below and return it to the CON. Be sure to include all information requested. Feel free to list more than one newspaper, if applicable.

If you request that a news release be sent to a publication in a city other than the one where you reside, please give the reason. For example, you may indicate that your parents or grandparents live there. You **MUST** include their names **AND** the city in which they live. The newspapers will not print the information unless they can somehow connect you to the communities they serve.

You must **LEGIBLY PRINT** the family members you want listed. **Only include parents and grandparents.** Block print writing is suggested for clarity. (Ex: PARENTS – BOB AND SUSAN JONES of WASHINGTON; GRANDPARENTS - TED AND ETHEL JONES of SPRINGFIELD, BILL AND BECKY SMITH of BLOOMINGTON)

You **MUST** list a proper **email address** for the newspaper. (Ex: news@abcpaper.com. www.abcpaper.com is a website, NOT an email address). Most websites have a "Contact Us" section to find an email for the newsroom or features section – these work best.

The PR Department is not responsible for typos because of illegible handwriting or information not received because of an improper email address.

All news releases are automatically sent to the Peoria Journal Star. Unfortunately, the Journal Star will only run your info, no additional family connections, so no need to submit info if the Journal Star is the only paper your announcement will be sent to.

Student's Name, City, State: _____

Newspaper Name: _____

Newspaper Email: _____

Newspaper City: _____ State: _____

Reason for sending news release this publication:
(If it's the hometown of your parent or grandparents, you must list THEIR NAMES and CITY where they live)

Newspaper Name: _____

Newspaper Email: _____

Newspaper City: _____ State: _____

Reason for sending news release to this publication:
(If it's the hometown of your parent or grandparents, you must list THEIR NAMES and CITY where they live)

