



## Application for Graduation RN-MSN-Nurse Educator (56 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](mailto:austin.w.blair@osfhealthcare.org)

**RN to MASTERS OF SCIENCE IN NURSING**  
**NURSE EDUCATOR**  
**RN-MSN-NEdu (56 Credit Hours)**

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

**REQUIRED COURSES**

**HOURS COMPLETED**

310 - Health Assessment (3)	_____
450 - Transition to Adv Nursing Practice (4)	_____
425 -Promoting Healthy Communities (5)	_____
433 - Experience in Clinical Nrsg (8)	_____
318 - Research in Nursing Practice (3)	_____
500 - Theoretical Foundations (3)	_____
710 - Biostatistics (3)	_____
726 - Evidence-Based Practice: Appraisal and Analysis (3)	_____
532 - Foundations of Ed (3)	_____
531 Advanced Health Assessment/ Diagnostic Reasoning, Pathophysiology & Pharmacology Across the Lifespan (3)	_____
536 - Issues& Roles in Ed (3)	_____
540 - Evaluation Strategies, Ed (3)	_____
622 -Evidenced-Based Inquiry (3)	_____
815 - Org Mgmt & Leadship in Hlth Care Sys (3)	_____
600.1 Clinician Practicum (3 - 192 Cln Hrs)	_____
600.2 Clinician Practicum (3 - 192 Cln Hrs)	_____

**Total Program Practicum Hours = 384**

**Total Credit Hours = 56**

Revised: 112022

<b><u>ADVISOR:</u></b>	
<b>PLEASE TOTAL UP SEMESTER HOURS:</b>	_____
<b>Verified by:</b> _____	
(Academic Advisor)	(Date)
<b>Form Submitted:</b> _____	
(Director of Admissions/Registrar)	(Date)