



Application for Graduation MSN - Nurse Educator (33 semester hours)

Last Name

First Name

Middle Name

Permanent Address

City

State

Zip Code

County

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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

MSN – NURSE EDUCATOR CURRICULUM (33 SEM HRS)

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

COURSES:

Hours Completed:

| | | |
|---|-----|-------|
| 500 – Theoretical Foundations | (3) | _____ |
| 710 – Biostatistics | (3) | _____ |
| 726 – Analysis of Evidence-Based Practice | (3) | _____ |
| 532 – Foundations of Ed | (3) | _____ |
| 531 – Advanced Hlth Assessment/Diagnostic Reasoning, Pathophysiology & Pharm Across the Lifespan | (3) | _____ |
| 536 – Issues & Roles in Ed | (3) | _____ |
| 540 – Evaluation Strategies, ED | (3) | _____ |
| 622 – Evidenced - Based Inquiry | (3) | _____ |
| 815 – Org Mgmt/Leadership Hlth Care Sys | (3) | _____ |
| 600.1- Clinician Practicum (192 Cln Hrs) | (3) | _____ |
| 600.2 – Clinician Practicum (192 Cln Hrs) | (3) | _____ |

Total Program Practicum Hours = 384

Total Credit Hours: 33

Revised: 6/3/2021

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|---|--------|
| ADVISOR: PLEASE TOTAL UP SEMESTER HOURS: _____ | |
| Verified by: _____ | _____ |
| (Academic Advisor) | (Date) |
| Form Submitted: _____ | |
| (Admissions Department) | (Date) |