



Application for Graduation MSN-NML (36 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 Denise.M.Crayton@osfhealthcare.org

MASTERS OF SCIENCE IN NURSING - NML CURRICULUM (36 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)	_____
759 – Inf Sys & Tech for Transf of Hlthcare	(3)	_____
815 – Org Mgmt & Leadership in HlthCare Sys	(3)	_____
736 – Translation of Evidence into Practice	(3)	_____
740 – Impact of Ethics & Law on the Role of the DNP	(3)	_____
765 – Healthcare Policy and Financial Mgmt	(3)	_____
558 - Managed Care & Integrated Delivery Sys	(3)	_____
554 - Human Resource Management	(3)	_____
614.1 - Management Practicum w/Capstone Project	(3) (192 Prt Hrs)	_____
614.2 - Management Practicum w/Capstone Project	(3) (192 Prt Hrs)	_____

Total Program Practicum Hours = 512

Total Credit Hours: 36 Credit Hours

<p><u>ADVISOR:</u> PLEASE TOTAL UP SEMESTER HOURS: _____</p> <p>Verified by: _____ (Academic Advisor) (Date)</p> <p>Form Submitted: _____ (Admissions Department) (Date)</p>
