



## 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-MSN-NNP- MASTER OF SCIENCE IN NURSING** MSN CURRICULUM (56 SEM HRS)

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

**GENERAL COURSES:** Hours Completed

**RN-MSN TRANSITION COURSES:** Hours Completed

500 Theoretical Foundations \_\_\_\_\_

310 Health Assessment \_\_\_\_\_

512 Roles & Issues in Advanced Practice Nursing \_\_\_\_\_

425 Promoting Healthy Communities \_\_\_\_\_

531 Advanced Health Assessment/Diagnostic Reasoning \_\_\_\_\_

433 Experience in Clinical Nursing \* \_\_\_\_\_

Pathophysiology & Pharmacology Across Lifespan (3) \_\_\_\_\_

450 Transition to Advanced Nurs Practice \_\_\_\_\_

532 Foundations of Education (3) \_\_\_\_\_

536 Issues & Roles in Education (3) \_\_\_\_\_

540 Evaluation Strategies in Education (3) \_\_\_\_\_

622 Evidence Based Inquiry (3) \_\_\_\_\_

710 Biostatistics (3) \_\_\_\_\_

726 Analysis of Evidence Based Practice (3) \_\_\_\_\_

815 Organizational Management and Leadership in HealthCare Systems (3) \_\_\_\_\_

**SPECIFIC COURSES:** Hours Completed

600.1 Clinical Pract. (3) \_\_\_\_\_

600.2 Clinical Pract. (3) \_\_\_\_\_

**PRACTICUM:** Hours Completed

Total Program Practicum Hours = 384

Total Credit Hours = 56

**ADVISOR:**

**PLEASE TOTAL UP SEMESTER HOURS:** \_\_\_\_\_

Verified by: \_\_\_\_\_  
(Academic Advisor) (Date)

Form Submitted: \_\_\_\_\_  
(Admissions Department) (Date)