



Application for Graduation MSN-FNP (47 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

MASTERS OF SCIENCE IN NURSING FNP

MSN-FNP (50 Credit Hours)

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

REQUIRED COURSES

HOURS COMPLETED

500 - Theoretical Foundations (3)	_____
710 - Biostatistics (3)	_____
726 - Evidence-Based Practice: Appraisal and Analysis (3)	_____
707 - Prin of Epi/Hea Promo in Adv Nsg Pract (3)	_____
512 Roles & Issues in Advanced Practice Nursing (3)	_____
509 - Adv. H. Assess, Clin Reasoning & Diagnosis Across Lifespan (3)	_____
519 Advanced Pathophysiology Across the Lifespan (3)	_____
529 Advanced Pharmacotherapeutics Across the Lifespan (3)	_____
511 Diff Diagnosis (3)	_____
759 - Inf Sys/Tech for Transf of Hlthcare (3)	_____
556 Fam Health Man. II (4) 3T/1P (100 hrs)	_____
815 - Org Mgmt & Leadship in Hlth Care Sys (3)	_____
557 Fam Health Man. III (4.5) 3T/1.5P (150 hrs)	_____
555 Fam Health Man. I (4) 3T/1P (100 hrs)	_____
642 FNP Pract IV (4.5) IT/3.5P (350 hrs)	_____

Total Program Practicum Hours = 700

Total Credit Hours = 50

Revised: 112022

ADVISOR:

PLEASE TOTAL UP SEMESTER HOURS: _____

Verified by: _____
(Academic Advisor) (Date)

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