



Application for Graduation RN-MSN-Nurse Educator (56 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

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)