



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 Denise.M.Crayton@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

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