



Application for Graduation

RN-MSN-Psychiatric Mental Health Nurse Practitioner (72 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

RN-MSN-NNP- MASTER OF SCIENCE IN NURSING MSN CURRICULUM (72SEM 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 _____

509 Advanced Health Assessment, Clinical Reasoning
& Diagnosis Across the Lifespan (3) _____

318 Research for Nsg Practice _____

512 Roles & Issues in Advanced
Practice Nursing _____

433 Experience in Clinical Nursing* _____

519 Advanced Pathophysiology Across
the Lifespan (3) _____

425 Promoting Healthy Communities _____

529 Advanced Pharmacotherapeutics Across
the Lifespan (3) _____

450 Transition to Advanced Nsg Practice _____

566 Family Mental Health Psychopharmacology (3) _____

568 Advanced Assessment & Therapeutic Interventions for PMHNP (3) _____

569 Pract. I (2) _____

570 Family Psychiatric Mental Health Nursing Diagnosis
& Management of Children & Adolescents (3) _____

571 Pract. II (2) _____

572 Advanced Psychiatric Nursing Diagnosis & Management of Adults & Specialty Populations (3) _____

573 Pract. III (2) _____

650 Pract. IV (4) _____

707 Principles of Epidemiology and Health Promotion
in Advanced Nursing Practice (3) _____

710 Biostatistics (3) _____

726 Analysis of Evidence Based Practice (3) _____

815 Organizational Management and
Leadership in HealthCare Systems (3) _____

SPECIFIC COURSES: Hours Completed

PRACTICUM: Hours Completed

**Total Program Practicum Hours = 640
Total Credit Hours = 72**

ADVISOR:

PLEASE TOTAL UP SEMESTER HOURS: _____

**Verified by: _____
(Academic Advisor) (Date)**

**Form Submitted: _____
(Admissions Department) (Date)**