



**MASTER OF SCIENCE NURSING
FAMILY NURSE PRACTITIONER
PROPOSED PROGRAM OF STUDY
HANDWRITTEN FORMS WILL NOT BE ACCEPTED**

T No. _____

Name _____

	Course Number	Course Description	Where Taken	Term Completed	Sem. Hrs. Credit	Grade	
CORE COURSES	NURS 6000	Theoretical Foundations			3		
	NURS 6001	Health Care Policy			3		
	NURS 6002	Advanced Nursing Research			3		
	NURS 6003	Advanced Role Development			3		
	NURS 6990	Scholarly Synthesis/Research			3		
ADVANCED PRACTICE CONCENTRATION REQUIRED COURSES	NURS 6101	Advanced Health Assessment			3		
	NURS 6102	Advanced Health Assessment - Clinical (120 hrs)			1		
	NURS 6103	Advanced Pathophysiology			3		
	NURS 6104	Advanced Pharmacology			3		
FNP REQUIRED COURSES	NURS 6601	Family Nurse Practitioner I			3		
	NURS 6602	Family Nurse Practitioner I - Clinical (120 hrs)			2		
	NURS 6603	Family Nurse Practitioner II			3		
	NURS 6604	Family Nurse Practitioner II –Clinical (240 hrs)			4		
	NURS 6605	Family Nurse Practitioner III			3		
	NURS 6606	Family Nurse Practitioner III –Clinical (120 hrs)			2		
FNP PRACTICUM REQUIREMENT	NURS 6609	Family Nurse Practitioner Practicum (240 hours)			4		
Total Practice Contact Hours = 720					TOTAL Semester Hours Credit to be Counted Toward Degree	46	

Do you anticipate using Human Subjects in your research? YES NO
If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.

6 years expires end of _____ (term) _____ (year)

FINAL GPA _____

Graduate Nursing Program Coordinator

Date

Dean School of Nursing

Date

College of Graduate Studies Designee

Date

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

NOTICE:

1. A graduate student shall be enrolled for at least one course appropriate to the degree objective during the term in which the degree is awarded.
2. Application for graduation must be submitted by deadline published in catalog and the online Academic Calendar.

**TENNESSEE TECHNOLOGICAL UNIVERSITY
GRADUATE STUDIES**

**APPLICATION FOR ADMISSION TO CANDIDACY
AND
APPOINTMENT OF ADVISORY COMMITTEE**

I hereby apply for admission to candidacy and acknowledge that the following members of the MSN Executive Committee serve on my Graduate Advisory Committee.

ADVISORY COMMITTEE:

_____ TN eCampus MSN Program Coordinator

STUDENT'S NAME: _____

Student T Number: _____

NCLEX-RN: State(s) _____ License Number(s): _____

Departmental Use Only:

CANDIDACY:

Major Subject : _____ Master of Science in Nursing (MSN) _____

Date Admitted to Full Standing: _____

Graduate Credits Completed at TTU: _____ At Other Universities: _____

Graduate GPA at TTU: _____ At Other Universities: _____