



**MASTER OF SCIENCE NURSING
ADMINISTRATION**
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 | |
| NURSING ADMINISTRATION CONCENTRATION REQUIRED COURSES | NURS 6301 | Nursing Administration I | | | 3 | |
| | NURS 6302 | Nursing Administration II | | | 3 | |
| | NURS 6303 | Healthcare Finance | | | 3 | |
| | NURS 6304 | Human Resources Management | | | 3 | |
| | NURS 6305 | Quality Management in Nursing & Healthcare | | | 3 | |
| NURSING ADMINISTRATION PRACTICUM REQUIREMENT | NURS 6307 | Nursing Management Practicum* | | | 2 | |
| | NURS 6309 | Nursing Administration Practicum | | | 4 | |
| TRANSFER CREDIT | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Practice Contact Hours = 240/360* | | | | | TOTAL Semester Hours Credit to be Counted Toward Degree | 34/36* |

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: _____