



**NURSING POST MASTER'S CERTIFICATE -
NURSING ADMINISTRATION (NADM)**

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
NURSING 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	
	NURS 6307	Nursing Management Practicum			2	
	NURS 6309	Nursing Administration Practicum			4	
* TOTAL Semester Hours Credit to be Counted Toward Degree					21	

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.

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.