



DEPARTMENT OF GRADUATE NURSING  
 15 CAMPUS DRIVE, POST OFFICE BOX 18399, NATCHEZ, MISSISSIPPI 39122, TELEPHONE: 601-304-4304; FAX 601-304-4398

**Plan of Study Advisement Form – Post Master’s Certificate Option - Nurse Educator  
 (13 Credit Hours) - Form Must be Typed**

Name: \_\_\_\_\_ ASU ID Number \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip

Contacts: \_\_\_\_\_  
Home Phone Work Phone Mobile Phone E-mail

Entry Date: \_\_\_\_\_ Advisor: \_\_\_\_\_

Spring 1						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 530	Curriculum Theory & Design in Nursing Education	3				
Summer 1						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 531	Curriculum Strategies & Roles in Nursing Education	3				
Fall 1						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 532	Assessment & Evaluation in Nursing Education	3				
Spring 2						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 533	Nursing Education Practicum (240)	4				
Total Credit Hours _____						
Total Quality Points _____						
Cum GPA _____						
Signature of Student _____		_____ <b>Signature of DGN Chairperson</b> _____				