



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 – Nurse Educator Option (35 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 505	Advanced Health Assessment	3				
NU 505L	Advanced Health Assessment Lab (60)	3				
NU 507	Health Policy	2				
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 504	Theoretical Foundations in Nursing	3				
NU 531	Curriculum Strategies & Roles in Nursing Education (30)	3				
Fall 1						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 502	Advanced Pathophysiology	3				
NU 503	Advanced Pharmacology	3				
NU 506	Research Methods	3				
NU 532	Assessment & Evaluation in Nursing Education (30)	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				
NU 539	Capstone Project	4				
TRANSFER COURSES (Maximum of 6 hours allowed with departmental approval)						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
Total Credit Hours _____		<hr/> <p style="text-align: center;">Signature of DGN Chairperson</p> <hr/>				
Total Quality Points _____						
Cum GPA _____						
Signature of Student _____						
Signature of Advisor _____						