



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 – Family Nurse Practitioner Option (44 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: _____

| Fall 1 | | | | | | |
|--|---|---|------------------|----------------|-------|----------------|
| Course Number | Course Title | Credit Hours | Date to be Taken | Date Completed | Grade | Quality Points |
| NU 501 | Role Development | 2 | | | | |
| NU 502 | Advanced Pathophysiology | 3 | | | | |
| NU 503 | Advanced Pharmacology | 3 | | | | |
| NU 506 | Research Methods | 3 | | | | |
| 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) | 1 | | | | |
| NU 504 | Theoretical Foundations in Nursing | 3 | | | | |
| NU 507 | Rural Health Care Policy | 2 | | | | |
| Summer 1 | | | | | | |
| Course Number | Course Title | Credit Hours | Date to be Taken | Date Completed | Grade | Quality Points |
| NU 508 | Clinical Management Theory I | 2 | | | | |
| NU 509 | Clinical Management Practicum I (120) | 2 | | | | |
| NU 514 | Introduction to Human Genetics | 2 | | | | |
| Fall 2 | | | | | | |
| NU 510 | Clinical Management Theory II | 2 | | | | |
| NU 511 | Clinical Management Practicum II (120) | 2 | | | | |
| NU 512 | Clinical Management Theory III | 2 | | | | |
| NU 513 | Clinical Management Practicum III (120) | 2 | | | | |
| NU 591A | Thesis I/Project I | 3 | | | | |
| Spring 2 | | | | | | |
| NU 518 | Synthesis Practicum (240) | 4 | | | | |
| NU 591B | Thesis/Project | 3 | | | | |
| 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 _____ | | <div style="text-align: center;"> _____ Signature of DGN Chairperson </div> | | | | |
| Total Quality Points _____ | | | | | | |
| Cum GPA _____ | | | | | | |
| Signature of Student _____ | | | | | | |
| Signature of Advisor _____ | | | | | | |

*6 Hours total/2 courses for Thesis/Project Option