



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 590A	Thesis/Project I	3				
Spring 2						
NU 518	Synthesis Practicum (240)	4				
NU 590B	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;"> <hr/> <b>Signature of DGN Chairperson</b> <hr/> </div>				
Total Quality Points _____						
Cum GPA _____						
Signature of Student _____						
Signature of Advisor _____						

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