



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

**Degree Plan Advisement Form – Doctor of Nursing Practice (DNP)
 (36 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: _____

Semester 1 (Fall)						
Course Number	Course Title	Credit Hours	Theory Contact Hours	Clinical Contact Hours	Date Completed	Grade
NU 700	Advanced Health Informatics	3	45			
NU 701	Clinical Epidemiology	3	45			
NU 702	Healthcare Quality Improvement	3	45			
Semester 2 (Spring)						
NU 703	Advanced Health Systems, Theoretical Foundations, and Ethical Issues	3	45			
NU 704	Population Health	3	45			
NU 710-A	DNP Project I	1		60		
Semester 3 (Summer)						
NU 705	Evidence-Based Practice, Theory, Design, & Method	3	45			
NU 710-B	DNP Project II	3		180		
Semester 4 (Fall)						
NU 706	Leadership in Health Systems	3	45			
NU 707	Advanced Healthcare Policy & Politics	3	45			
NU 710-C	DNP Project III	2		120		
Semester 5 (Spring)						
NU 708	Business Management in Clinical Practice	3	45			
NU 710-D	DNP Project IV	3		180		
	Total	36	405	540		
TRANSFER COURSES (Maximum of 6 hours allowed with departmental approval)						
Course Number	Course Title	Credit Hours	Theory Contact Hours	Clinical Contact Hours	Date Completed	Grade
Total Credit Hours _____ Total Quality Points _____ Cum GPA _____ Signature of Student _____ Signature of Advisor _____		_____ Signature of DGN Chairperson _____				

*6 Hours total/2 courses for Project Option