



___ Thesis Plan
 ___ Capstone

GRADUATE NURSING Programs

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: _____

Summer 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				
Fall 1						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 531	Curriculum Strategies & Roles in Nursing Education (30)	3				
NU 532	Assessment & Evaluation in Nursing Education (30)	3				
Spring 1						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 533	Nursing Education Practicum (180)	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/> Signature of DGN Chairperson <hr/> Signature of Assistant Vice President for Academic Program Support and Graduate Studies				
Total Quality Points _____						
Cum GPA _____						
Signature of Student _____						
Signature of Advisor _____						