



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 – Post Master’s Certificate Option - Family Nurse Practitioner (23-30 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				
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				
Summer 1						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 508	Clinical Management Theory I: Adult/Gerontology	2				
NU 509	Clinical Management Practicum I (120)	2				
NU 514	Introduction to Human Genetics	2				
Fall 2						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 501	Role Development	2				
NU 510	Clinical Management Theory II: Women’s Health	2				
NU 511	Clinical Management Practicum II (120)	2				
NU 512	Clinical Management Theory III: Pediatrics	2				
NU 513	Clinical Management Practicum III (120)	2				
Spring 2						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 518	Synthesis Practicum (240)	4				
Total Credit Hours _____ Total Quality Points _____ Cum GPA _____ Signature of Student _____ Advisor _____		_____ Signature of DGN Chairperson _____				
*6 Hours total/2 courses for Thesis/Project Option						