

# intent to apply for 5th year master's program

Please complete this form with your advisor and return it to the graduate office (Cushing 202H) by the end of the first semester of your senior year.

Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Date of GREs: \_\_\_\_\_

Intended Specialty in Master's Program: \_\_\_\_\_

Projected Plan of Study - Indicate Semester/Year			
Course #	Course Title	Credits	Semester/Year
	Statistics	3	(taken as an undergraduate)
NU 672	Pathophysiologic Processes	3	
NU 430	Advanced Health Assessment	3	Summer after graduation (or earlier)
NU 420 or NU 426	Pharmacology & Advanced Nursing Practice Psychopharmacology	3	Summer after graduation (or earlier)
NU 520	Nursing Research Theory	3	Summer after graduation (or earlier)
NU 415	Conceptual Basis: Advanced Practice Nursing	3	
NU 416	Ethical Reasoning & Issues	3	
NU 417	Advanced Practice Nursing	3	
NU 524 NU 525	Options, choose one: Master's Research Practicum Integrative Review of Nursing Research	3	
	Advanced Specialty Theory I	3	
	Advanced Specialty Practice I	6	
	Advanced Specialty Theory II	3	
	Advanced Specialty Practice II	6	
Grad Elective	[from any department or school]	3	
Master's Comprehensive Exam:			
Graduation Date:			