

Master's Degree or Certificate Program of Study

*This form should be filled out on your computer, then saved with a new file name to your local disk.
Next, print the form and obtain the necessary signatures.*

Last Name:	First Name:	MI:	USC ID:
Street:	City:	State:	Zip:
Email:		Phone:	
Degree: CGS	Major: Family Nurse Practitioner	Track:	

Admitted to Program	Term	Year	Foreign Languages required:	Date Completed

Other Requirements:

Program of Courses

In the spaces provided below, list all courses for which approval is requested in the master's degree (including thesis, if required) or certificate program. Example: ENGL 751 Amer. Novel in 20th Cent. Do not list courses not specifically required for the master's or certificate program. Note that any course on this program which exceeds the 6 year limit (before the degree is awarded) must be revalidated or replaced with another course.

Dept Prefix	Course Number	Abbreviated Course Title	Term Completed	Year	Credit Hours	Grade	Where Taken
NURS	702	Pharm Mgmt Ped Adult Gero			3		USC Columbia
NURS	707	Adv Pathophysiology for Nurs			3		USC Columbia
NURS	704	Advanced Health Assessment			3		USC Columbia
NURS	718	Diagn Intraptn Therap Modalt			3		USC Columbia
NURS	756	Adv Prim Care of Children			2		USC Columbia
NURS	757	Adv Prim Care of Women			2		USC Columbia
NURS	758	Acute Prblms in Primary Care			6		USC Columbia
NURS	759	Mgmt Chronic Hlth Prblms			6		USC Columbia
NURS	760	FNP Legal Ethical Role Trnstn			2		USC Columbia
NURS	760A	FNP Practicum			2		USC Columbia

Approval Signatures

Student Date

Graduate Director of Program or School Date

Major Professor Date

Dean of the Graduate School Date