



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:	t Name:			MI:	USC ID:
Street:			City:	City:			State:	Zip:
Email:					Phone:			
Degree: MSN Major: Nursing Informatic					Track:			
			'ear	Foreign Languages			equired:	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 Co	ourse Title	Term Comple		Credit Hours		Where Taken
NURS	775	FOUN IN NURS INFO	RMATICS			3		USC COLUMBIA
NURS	717	APPLIC OF BASIC ST	ATS FOR NURS			3		USC COLUMBIA
NURS	790	RESEARCH METHO	OS FOR NURS			3		USC COLUMBIA
NURS	738	FINANCING OF HEAL	_TH CARE			3		USC COLUMBIA
NURS	700	THEOR AND CONCEPT	FOUN FOR NURS			3		USC COLUMBIA
NURS	734	CONCEPTUAL BASIS	OF HEALTH			3		USC COLUMBIA
ITEC	764	PROJECT MNGMT FC	R HEALTH INFO			3		USC COLUMBIA
ITEC	770	HEALTH DATABASE	SYS			3		USC COLUMBIA
NURS	791	SEM IN CLIN NURS F	RESEARCH			3		USC COLUMBIA
NURS	720	CLIN APP OF POP A	NALYSIS			3		USC COLUMBIA
NURS	777	NURS INFO PRACTION	CUM			3		USC COLUMBIA
Approval Signatures								
Student Date				G	Graduate Director of Program or School Date			
Major Professor			Date		Dean of the Graduate School Date			