



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 – Nurse Educator Option (35 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: _____

Spring 1- (9 hrs)						
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				
NU 507	Health Policy	2				
NU 530	Curriculum Theory & Design in Nursing Education	3				
Summer 1- (6 hrs)						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 504	Theoretical Foundations in Nursing	3				
NU 531	Curriculum Strategies & Roles in Nursing Education (30)	3				
Fall 1- (12 hrs)						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 502	Advanced Pathophysiology	3				
NU 503	Advanced Pharmacology	3				
NU 506	Research Methods	3				
NU 532	Assessment & Evaluation in Nursing Education(30)	3				
Spring 2- (8 hrs)						
Course Number	Course Title	Credit Hours	Date to be Taken	Date Completed	Grade	Quality Points
NU 533	Nursing Education Practicum (180)	4				
NU 539	Capstone Project	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 _____						
Total Quality Points _____						
Cum GPA _____						
Signature of Student _____			Signature of DGN Chairperson			
Signature of Advisor _____						
			Signature of Assistant Vice President for Academic Program Support and Graduate Studies			