

**Austin Peay State University**  
**Program of Study/ Graduate Admission to Candidacy**  
**Master of Science in Nursing**

Student \_\_\_\_\_ SSN \_\_\_\_\_ Plan of Study Family Nurse Practitioner

This form must be filled with a listing of all courses to be taken during the completion of the degree. List below all courses completed, currently enrolled, and courses yet to be completed. Once approved by advisory committee, any changes in the program must be in writing and have approval of the advisory committee and the Dean of the Graduate School.

Any courses deleted from the required list of courses must be dated and signed by the chair of the graduate committee with a note attached in the Comments Section. Transfer courses should be noted with an asterisk \* and the course number and title indicated.

**The Application for Degree must be filed early in June for August and September for December graduation and early in January for May graduation. This application states a definite date.**

**Required Courses**

**Concentration Required Courses**

Dept.	Course #	Title	Cr.	Dept	Course #	Title	Cr.
NURS	5000	Theoretical Found.	3	NURS	5601	FNP I	3
NURS	5001	Health Care Policy	3	NURS	5602	FNP I clinical	2
NURS	5002	Adv Nurs Research	3	NURS	5603	FNP II	3
NURS	5003	Adv Role Develop	3	NURS	5604	FNP II clinical	4
NURS	5101	Adv Health Assess	3	NURS	5605	FNP III	3
NURS	5102	Adv Health Assess Clin	1	NURS	5606	FNP III clinical	2
NURS	5103	Adv Pathophysiology	3	NURS	5609	Adv FNP Practicum	4
NURS	5104	Adv Pharmacology	3			Comprehensive Exam	
NURS	5990	Scholarly Syn/Research	3			<b>Total Credits</b>	46

**Comments:** Total Practice Contact Hours 780

**Candidate Information - Do not Omit**

**Approvals – Signature Required**

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Chair of Graduate Committee

\_\_\_\_\_  
Address –

\_\_\_\_\_  
Second Member of Committee -Date

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Third Member of Committee - Date

\_\_\_\_\_  
Phone Number ( )

\_\_\_\_\_  
Graduate Coordinator - Date

\_\_\_\_\_  
Director, School of Nursing - Date

\_\_\_\_\_  
**Dean of Graduate School      Date**