

TROY UNIVERSITY
 Clinical Nurse Specialist
 Adult Health Maternal/Infant Education Administration
 Graduate Degree Plan and Progress Record/
 Application for Admission to Candidacy
 39 Semester Hour Program

Name _____ Student ID # _____ Campus _____

Address: _____ Email: _____

Copy of transcript must be attached. May not use "Student Academic Credits" or "Academic Evaluation" report.

DEGREE REQUIREMENTS:

- | | |
|---|--|
| 1. GRE, or equivalent exam, test scores submitted | 7. Overall GPA of 3.0 |
| 2. Official transcript of all academic work | 8. Completion of research requirement with a "B" or better |
| 3. Unconditional Admission | 9. All credit earned within 8 years of graduation |
| 4. 39 semester hours of credit | 10. Admission to Candidacy |
| 5. Meet residency requirements | 11. Successfully complete <u>comprehensive exam</u> |
| 6. No more than two grades below "B" | 12. Intent to Graduate filed |

A. REQUIRED CORE COURSES – 6 Semester Hours

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
NSG 5504	Theories in Nursing	2			
NSG 5505	Health Care Economics	2			
NSG 6660	Foundations of Advanced Practice	2			

B. RESEARCH – 7 Semester Hours

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
NSG 6691	Research Methodology	3			
NSG 6692	Data Analysis Techniques	2			
NSG 6696	Scholarly Inquiry Practicum I	1			
NSG 6697	Scholarly Inquiry Practicum II	1			
OPTIONAL:					
NSG 6695	Thesis	4			

C. NURSING SPECIALTY – 20 Semester Hours

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
NSG 5512	Advanced Health Assessment	3			
NSG 5515	Advanced Health Assessment Practicum	1			
NSG 6649	Advanced Pharmacology	3			
NSG 6671	Pathophysiology	3			
NSG 66--		2			
NSG 66--		3			
NSG 66--		2			
NSG 66--		3			

D. NURSING ROLE COURSES – 5 Semester Hours

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
NSG 66--	Role of the Nurse Educator/Administrator	2			
NSG 66--	Nursing Education/Administration Internship	3			

E. SYNTHESIS AND EVALUATION – 1 Semester Hour

COURSE NO	TITLE	HRS	GRADE	TERM/YR	TRANSFER CREDIT
NSG 6655	Synthesis and Evaluation of Advanced Nursing Practice	1			

ITEMS TO BE DISCUSSED

- _____ 1. One term limit to have transcript(s) and test scores on file
- _____ 2. Temporary, Conditional, and Unconditional Admission
- _____ 3. Availability of faculty for academic advising
- _____ 4. Petition for transfer credit once unconditionally admitted
- _____ 5. Class Attendance
- _____ 6. Drop and Withdrawal procedures; deadline and consequences
- _____ 7. Petition for an Incomplete grade
- _____ 8. Student participation in course and Program Evaluation
- _____ 9. Other _____

Admission Status		
Type	Date	Initials
Conditional		
Unconditional		
Residency		
Test Score		
Comps		

STUDENT ACKNOWLEDGEMENT: I have read the current year's Graduate Catalog and acknowledge the contents and requirements of the above program. I have received academic advising from my Faculty Advisor.

Student's Signature _____ Date _____

Faculty Advisor _____ Date _____

STUDENT ACKNOWLEDGEMENT: I hereby apply for Admission to Candidacy.

Student's Signature _____ Date _____

APPROVED: _____
Chair/Associate Dean or Dean

Advisor _____ Date _____

CANDIDACY APPROVED: _____
Dean, Graduate School

Distribution: Gold – Student
 Pink – Campus/Branch file
 All other (Green , Yellow)– UC
 Original – Official File