



**D.N.P. Degree
Major:
Advanced Practice Nursing
2012/2013 Catalog**

Student Name _____
S. SSN/Id No _____
S. Phone (w) _____ (h) _____
Previous Degree/Date _____
Where degree earned _____
Adviser _____
A. phone _____
A. email _____

Registrar

Use <input checked="" type="checkbox"/>	Term	Grade	Course # & Title
<input type="checkbox"/>	_____	_____	HS 901 Biostatistics
<input type="checkbox"/>	_____	_____	NG 901 Bioethics-Advanced Practice Nursing
<input type="checkbox"/>	_____	_____	HS 902 Epidemiology
<input type="checkbox"/>	_____	_____	NG 902 Genomics and Population Health
<input type="checkbox"/>	_____	_____	NG 903 Health Care Financing and Economics
<input type="checkbox"/>	_____	_____	NG 904 Strategic Management and Leadership
<input type="checkbox"/>	_____	_____	NG 905 Methods for Evidence-Based Practice
<input type="checkbox"/>	_____	_____	NG 906 Project Identification
<input type="checkbox"/>	_____	_____	NG 907 Health Care Systems, Policy and Law
<input type="checkbox"/>	_____	_____	NG 908 Project Development
<input type="checkbox"/>	_____	_____	NG 909 Informatics for Health Care
<input type="checkbox"/>	_____	_____	NG 910A Project Implementation
<input type="checkbox"/>	_____	_____	NG 911 Project Outcomes Evaluation and Dissemination

Any deviation of this program must be documented via substitution memo and approved by the department chair and the registrar.

Note: Financial aid recipients cannot receive aid for courses repeated unnecessarily or for courses not specifically required for their degree.

*This program plan was prepared by the Registrar's Office.
Revised 04/2012*