**STUDENT INFORMATION**

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| **Name:** | **NAU ID:** |
| **NAU E-mail Address:** | **Phone Number:** |
| **Term of Admission:** | **Expected Graduation Term/Year:** |
| **Advisor:** | **Required Credits for Degree Program: 39** |

**I. Required Courses**

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| **Course** | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| NUR 520 | Applied Pathophysiology for APNs  *Co-req: NUR 540* |  |  |  |  |  |  |
| NUR 540 | Pharmacology for Advanced Practice Nursing  *Co-req: NUR 520* |  |  |  |  |  |  |
| NUR 550 | Family Nursing Theory and Practice |  |  |  |  |  |  |
| NUR 560 | Rural Theory and Health Policy |  |  |  |  |  |  |
| NUR 650 | Advanced Nursing Assessment  *Pre- or Co-req: NUR 520* |  |  |  |  |  |  |
| NUR 660 | Family Primary Health Care I  *Pre-req: NUR 510, NUR 520, NUR 530, NUR 540, NUR 550, NUR 560, NUR 650, NUR 675 and NUR 676.*  *Co-req: NUR 661* |  |  |  |  |  |  |
| NUR 661 | Family Primary Health Care Practicum I  *Pre-req: NUR 510, NUR 520, NUR 530, NUR 540, NUR 550, NUR 560, NUR 650, NUR 675 and NUR 676.*  *Co-req: NUR 660* |  |  |  |  |  |  |
| NUR 662 | Family Primary Health Care II  *Pre-req: NUR 660 and NUR 661*  *Co-req: NUR 663* |  |  |  |  |  |  |
| NUR 663 | Family Primary Health Care Practicum II  *Pre-req: NUR 660 and NUR 661*  *Co-req: NUR 662* |  |  |  |  |  |  |
| NUR 664 | Family Primary Health Care II  *Pre-req: NUR 662 and NUR 663*  *Co-req: NUR 665* |  |  |  |  |  |  |
| NUR 665 | Family Primary Health Care Practicum III  *Pre-req: NUR 662 and NUR 663*  *Co-req: NUR 664* |  |  |  |  |  |  |
| NUR 675 | Advanced Roles Transition |  |  |  |  |  |  |

**ADDITIONAL INFORMATION**

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

In addition to all University and Graduate College policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting the final Program of Study.

By signing or entering your name below, you agree to the following statement:

*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (formal digital signatures are permitted) in the space provided.

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| --- | --- |
| **Student:** | **Date:** |
| **Advisor:** | **Date:** |
| **Chair:** | **Date:** |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Internal Transfer I = Graduate level course taken as undergraduate; Not applied to undergraduate degree