

**MASTER'S DEGREE PROGRAM OF STUDY**

STUDENT'S NAME: \_\_\_\_\_

URI ID#: \_\_\_\_\_

DEPT/PROGRAM: Nursing: Family Nurse Practitioner

DEGREE: M.S. (Thesis) (Non-Thesis)  
(circle appropriate)

I hereby certify that all course work taken at the University of Rhode Island is included below and that grades are indicated for all courses completed.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**PROGRAM CREDIT COURSES CONSTITUTING THIS STUDENT'S MASTER'S PROGRAM**

Course Dept/No.	Title	Credits & Grade	Course Dept/No.	Title	Credits & Grade
NUR 500	Gen'l Study Nurs Knowl for Nurs Pract	4	NUR 582	Pharmacotherapeutics	3
NUR 503	Expanded Nursing Assessment Skills	3	NUR 590	Directed Adv. Study & Practice	3
NUR 504	Expanded Nsg Assmnt Skills-Pediatrics	1			
NUR 505	Nursing Research	3			
NUR 507	Theories of Practice for Nursing	3			
NUR 510	Nursing Leadership in Health Policy	3			
NUR 520	Graduate Study Seminar	1			
NUR 531	Primary Health Care Nursing I	3			
NUR 532	Practicum Primary Health Care Nsg I	3	<b>Expected Date of Graduation:</b>		
NUR 533	Primary Health Care Nursing II	3	NUR 599	Thesis:	
NUR 534	Practicum Primary Health Care Nsg II	6		Transfer Credit	
NUR 535	Pathophysiology for Adv Practice	3		Total Credits	42

**PROGRAM CREDIT TO BE TRANSFERRED FROM OTHER INSTITUTIONS**

Official transcript and certification that courses are graduate level courses acceptable for program credit at the other institution must be provided before approval is final.

Course Dept/No.	Title	School	Grade	Credit (Qtr/Sem)	Date Compl.	Equiv. Credit

**COURSES TO BE TAKEN AS NON-PROGRAM CREDIT**

Course Dept/No.	Title	Credits & Grade	Course Dept/No.	Title	Credits & Grade

ADVISOR/MAJOR PROFESSOR: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT CHAIRPERSON: \_\_\_\_\_

DATE: \_\_\_\_\_

DEAN, GRADUATE SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_