DOCTORAL DEGREE PROGRAM OF STUDY

STUDENT'S NAME: _____ URI ID#: _____

DEPT/PROGRAM: **NURSING** DEGREE: **Ph.D.**

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 DOCTORAL PROGRAM

Course Dept/No.	Title	Credits & Grade	Course Dept/No.	Title	Credits & Grade
NUR 601	Foundations of Nursing Science	3			
NUR 602	Construction of Nsg Theory I: Inductive	4			
NUR 603	Construction of Nsg Theory II: Deductive	3			
NUR 621	Nsg Theory & Research in Client Domain	3			
NUR 631	Nsg Theory & Res. in Client-Nrs Domain	3			
NUR 641	Nsg. Theory & Res in Practice Domain	3	**Expected Date of Graduation:**		
NUR 651	Advanced Methods in Nursing Research I	3		Courses	43
NUR 652	Advanced Methods in Nursing Research II	3	NUR 699	Dissertation	18
NUR 660	Philosophical Foundation for HC Research	3		Master's Degree	30
NUR 671	Role Development in Nursing Research	3		Transfer Credit	
				Total Credits	91
MASTER'S DEGREE:				**DATE AWARDED:**	

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

MAJOR PROFESSOR: _____ _____

DEPARTMENT CHAIRPERSON

SECOND MEMBER: _____ _____

DEAN OF THE GRADUATE SCHOOL

THIRD MEMBER: _____

FOURTH MEMBER: _____ _____

DATE