

**MASTER'S DEGREE PROGRAM OF STUDY**

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

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

DEPT/PROGRAM: Nursing: Administration

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 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 551	Nursing Administration Theory	3			
NUR 552	Nursing Administration Practicum	6			
			<b>Expected Date of Graduation:</b>		
			NUR 599	Thesis:	
				Transfer Credit	
				Total Credits	41

**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: \_\_\_\_\_