

MASTER'S DEGREE PROGRAM OF STUDY

STUDENT'S NAME: _____

URI ID#: _____

DEPT/PROGRAM: Nursing: Advanced Clinical Practice in Gerontology

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 505	Nursing Research	3			
NUR 507	Theories of Practice for Nursing	3			
NUR 508	Phys Assmt Skills for Older Adults	1			
NUR 510	Nursing Leadership in Health Policy	3			
NUR 520	Graduate Study Seminar	1			
NUR 535	Pathophysiology for Adv Practice	3			
NUR 555	Advanced Gerontological Nursing I	3	Expected Date of Graduation:		
NUR 556	" " Practicum	3	NUR 599	Thesis:	
NUR 557	Advanced Gerontological Nrsg II	3		Transfer Credit	
NUR 558	" " Practicum	6		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: _____