



**MASTER OF NURSING SCIENCE
NURSING INFORMATICS
PROPOSED PROGRAM OF GRADUATE STUDY**

Student ID/T No. _____ Name _____

	Course Number	Course Description	Enrollment Date	Date Completed	Sem. Hrs. Credit	Grade
CORE COURSES	NURS 6000	Theoretical Foundations			3	
	NURS 6001	Health Care Policy			3	
	NURS 6002	Advanced Nursing Research			3	
	NURS 6003	Advanced Role Development			3	
	NURS 6990	Scholarly Synthesis/Research			3	
NURSING INFORMATICS CONCENTRATION REQUIRED COURSES	NURS 6401	Informatics & Information Management			3	
	NURS 6402	Health Care Information Systems			3	
	NURS 6403	Analysis & Design of Health Care Information Systems			3	
	NURS 6404	Evaluation of Health Care Information Systems			3	
	NURS 6405	Health Care Data Analysis Techniques			3	
NURSING ADMINISTRATION PRACTICUM REQUIREMENT	NURS 6407	Informatics Practicum I			2	
	NURS 6409	Informatics Practicum II			2	
TRANSFER CREDIT						
Total Practice Contact Hours - 240			Hours -			
<p style="color: red;">Do you anticipate using Human Subjects in your research? YES NO If yes, IRB approval is required one semester prior to graduation. Contact your advisor for more information.</p>						
TOTAL Semester Hours Credit to be Counted Toward Degree					32	

Approved by MSN Executive Committee

Date

Dean School of Nursing

Date

Office of Graduate Studies

Date

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

**TENNESSEE TECHNOLOGICAL UNIVERSITY
GRADUATE STUDIES**

**APPLICATION FOR ADMISSION TO CANDIDACY
AND
APPOINTMENT OF ADVISORY COMMITTEE**

I certify that I have satisfactorily completed nine semester hours of graduate work and hereby apply for admission to candidacy and acknowledge that the following members of the MSN Executive Committee serve on my Graduate Advisory Committee.

CANDIDACY:

Major Subject : _____ Master of Science in Nursing (MSN) _____

Date Admitted to Full Standing: _____

Graduate Credits Completed at TTU: _____ At Other Universities: _____

Graduate GPA at TTU: _____ At Other Universities: _____

NCLEX-RN: State(s) _____

License Number(s): _____

ADVISORY COMMITTEE (Minimum of three members):

STUDENT'S SIGNATURE _____

Social Security No. _____

Address: _____

Street

City, State, Zip

Home Telephone () _____ Work Telephone () _____

Cellular Telephone () _____

Email: _____

