

### GRADUATE APPROVED PROGRAM

Master of	<b>Science</b>	Major	<b>Nursing</b>
Emphasis (check one)	<input type="checkbox"/> Clinical Care Management		<input type="checkbox"/> Administration / Entrepreneurial Leadership
	<input type="checkbox"/> Clinical Nurse Specialist		<input type="checkbox"/> Public Health / Community Nursing

**Student:** Select the correct *University Bulletin* year for the requirements listed below : \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ALL REQUIREMENTS MUST BE COMPLETED WITHIN 7 YEARS FROM THE START OF THE TERM OF THE EARLIEST COURSE LISTED BELOW**

Student: Fill out the following information completely (including the semester each course was or will be taken).							
Course No.	Course Title	Units Required	Units (to be) completed	Semester	Institution (for transfer units only)*	Grade	In Progress Or To Do
NURS 700	The Theoretical Basis of Nursing	3					
NURS 706	Health Care Policy/Nursing Issues	3					
NURS 732	Ethics in Advanced Nursing Development	3					
NURS 733	Advanced Nursing Role Development	2					
NURS 734	Advanced Nursing Role Application	2					
NURS 794	Seminar in Research	3					
NURS 801	Graduate Nursing Practicum I	4					
NURS 802	Graduate Nursing Practicum II	4					
Electives for Emphasis, on advisement (list below):		9-19					
Culminating Experience (one of the following):		3					
NURS 895	Field Study in Nursing OR						
NURS 898	Master's Thesis						
Total Units		36-46					

**\*NOTE:** For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.

**AND**

Report of Completion for NURS 895 Field Study **OR**  Thesis Receipt

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student <i>has or will have satisfied</i> Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.	
<input type="checkbox"/> Course No. <u>NURS 794</u>	<input type="checkbox"/> Written proposal for Culminating Experience
<input type="checkbox"/> Written Component of Culminating Experience	<input type="checkbox"/> Other, specify _____

**GRADUATE ADVISER (Required):** \_\_\_\_\_  
Type/Print last name Signature Date

**SCHOOL GRADUATE COMMITTEE (Required):** \_\_\_\_\_  
Type/Print last name Signature Date

Approved  Not Approved  \_\_\_\_\_  
Dean of the Graduate Division or Designee Date

**Note:** Upon approval of the GAP, read graduate Academic Policies and Procedures section in the *Bulletin* regarding conditions for maintaining its validity.