

MTSU

Advancement to Candidacy Form for Master's in Nursing Concentration: Family Nurse Practitioner

College of Graduate Studies * Office of the Dean * Middle Tennessee State University

1. A copy of your candidacy form should be submitted to the **Nursing Advisor before the completion of nine (9) graduate hours** according to your program's curricular requirements. **Forms may be mailed to MSN Advisor, 1500 Greenland Drive, Box 81, Murfreesboro, TN 37132.**
2. We will secure the signatures of the appropriate persons and submit the signed form to the College of Graduate Studies and to the Tennessee Board of Regents.

Name: _____ Student Identification# _____

Address: _____ Telephone# _____

Degree: **MSN** Major: **NURS** Concentration: **FNP**

Course ID# (Including prefix)	Course Title	Sem. Hours	Semester/ Year	Grade	<i>IF APPLICABLE:</i> <u>Transfer Credit Taken Prior to Attending MTSU Transfer Institution</u>	Substitute for MTSU Course#	Dept. Approval for Transfer Credit
CORE COURSES (15 hours)							
NURS 6000	Theoretical Foundation	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					
CONCENTRATION REQUIRED COURSE (10 hours)							
NURS 6101	Advanced Health Assessment	3					
NURS 6102	Advanced Health Assessment Clinical	1					
NURS 6103	Advanced Pathophysiology	3					
NURS 6104	Advanced Pharmacology	3					
FNP COURSES (17 hours)							
NURS 6601	Family Nurse Practitioner I	3					
NURS 6602	Family Nurse Practitioner I – Clinical	2					
NURS 6603	Family Nurse Practitioner II	3					
NURS 6604	Family Nurse Practitioner II – Clinical	4					
NURS 6605	Family Nurse Practitioner III	3					
NURS 6606	Family Nurse Practitioner III – Clinical	2					
PRACTICUM REQUIREMENT (4 hours)							
NURS 6609	Advanced Family NP Practicum	4					

46 hours

Signature of Candidate Date: _____

Copy to Graduate Studies

I certify the above degree plan: _____ Date: _____
Signature of Graduate Advisor

Copy to TBR

Signature of Dean, College of Graduate Studies or Graduate Analyst Date: _____