

# MTSU

## Advancement to Candidacy Form for Master's in Nursing Concentration: Nursing Administration

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: **NUAD**

Course ID# (Including prefix)	Course Title	Sem. Hours	Semester/ Year	Grade	<i>IF APPLICABLE:</i> <u>Transfer Credit Taken Prior to</u> Attending MTSU Transfer Institution	Substitute for MTSU Course#	Dept. Approval for Transfer Credit
<b>CORE COURSES (15 hours)</b>							
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					
<b>CONCENTRATION REQUIRED COURSES (15 hours)</b>							
NURS 6301	Nursing Administration I	3					
NURS 6302	Nursing Administration II	3					
NURS 6303	Health Care Finance	3					
NURS 6304	Human Resources Management	3					
NURS 6305	Quality Management in Nursing & Health Care	3					
<b>PRACTICUM REQUIREMENT (4 hours)</b>							
NURS 6309	Nursing Administration Practicum	4					

**34 hours**

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date:

Copy to Graduate Studies

I certify the above degree plan: \_\_\_\_\_  
Signature of Graduate Advisor

\_\_\_\_\_  
Date:

Copy to TBR

\_\_\_\_\_  
Signature of Dean, College of Graduate Studies or Graduate Analyst

\_\_\_\_\_  
Date: