

NURX

Matriculation Semester (circle one):

Summer Fall Spring

(1) _____

(2) _____

THE COLLEGE OF NEW JERSEY
ACADEMIC EVALUATION

REQUIREMENTS for the **MASTER OF SCIENCE IN NURSING PROGRAM:**
ADULT NURSE PRACTITIONER

NAME _____ SS# _____

PROGRAM COORDINATOR/ADVISOR: _____

_____ **Bridge Program Not Required** _____ **Bridge Program Required**

Retain this sheet to record progress toward your degree. Eligibility for graduation requires:

- 1) Satisfactory completion of courses printed below;
- 2) A minimum of 37 graduate semester hours earned at The College of New Jersey
- 3) A minimum total of 42 graduate semester hours
- 4) A maximum of 6 credit hours may be transferred into this program pending approval of program coordinator/department chair
- 5) A cumulative Grade Point Average of 3.0
- 6) Completion of all departmental requirements/prerequisites

Undergraduate Bridge Program Prerequisite Requirements: Up to five (5) undergraduate Units of prerequisite courses are required. The following courses must be completed prior to or concurrent with the graduate program, however they are not credited towards the Master of Science in Nursing Degree.

	Units	Grade	Taken
NURS 210 Professional Role I (Learner)	1	_____	_____
NURS 310 Professional Role II (Clinician)	1	_____	_____
NURS 328 Research	1	_____	_____
* NURS 440 Caring in Community Health/Science	1	_____	_____
* NURS 444 Caring in Community Health/Practice	1	_____	_____

*Up to two (2) credits of community health may be waived based on review of applicant's portfolio.

Date of completion of Bridge Program _____

Required Courses for the Master of Science in Nursing Degree

SPECIALIZATION	Total Credits: 42	S.H. Credit	Grade	Term Taken
NURS 506 Theoretical Foundations of Advanced Nursing Practice and Research		3	_____	_____
NURS 501 Perspectives in Advanced Nursing Practice		3	_____	_____

**Graduate Program Planner
R&R 2008-2009
NURX**

Name: _____

SID: _____

	S.H. Credit	Grade	Term Taken
NURS 604 Research and Evidence-Based Nursing for Advanced Nursing Practice	<u>3</u>	_____	_____
NURS 503 Pharmacology for Advanced Nursing Practice	<u>3</u>	_____	_____
NURS 504 Advanced Human Pathophysiology	<u>3</u>	_____	_____
NURS 603 Individual, Family and Community Systems Or _____	<u>3</u>	_____	_____
Approved Elective (Needs Coordinator Approval Memo)			
NURS 633 Advanced Holistic Health Assessment	<u>4</u>	_____	_____
NURS 636 Primary Care I	<u>5</u>	_____	_____
NURS 638 Primary Care II	<u>5</u>	_____	_____
NURS 637 Primary Care III	<u>5</u>	_____	_____
NURS 690 Practicum in the Nurse Practitioner Role	<u>5</u>	_____	_____

NURS 705 Capstone Project

Date Taken _____

Results _____

Final Audit Date _____ Status _____ Auditor's Signature _____