



This form should be downloaded and filled out on your computer, then saved with a new file name to your local disk. Next, print the form and obtain the necessary signatures.

Last Name:		First Name:		MI:	USC ID:
Street:			City:		State: Zip:
Email:				Phone:	
Degree: DNP	Major: Clinical Expert			Track:	

Admitted to Doctoral Candidacy:		Foreign Languages required:	Date Completed
Advisory Committee Approved:			

Doctoral Residency Requirement

Please select one option and document the terms and coursework that satisfies the requirement

- Option 1: Two consecutive full-time semesters:** 9+ credit hours or Graduate Assistant with 6+ credit hours
- Option 2: Approved program-specific alternative**

Term	Year	GA?	Course Numbers (with credit hours)

Program of Courses

In the spaces provided below, list all courses for which approval is requested in the doctoral program, including dissertation courses. Example: ENGL 751 Amer. Novel in 20th Cent. This program must include at least 18 semester hours, other than 899, which are not used for any other degree program. Do not list courses not specifically required for this student's doctoral program. Note that any course on this program which exceeds the 10-year limit before the degree is awarded must be revalidated or replaced with another course.

Dept Prefix	Course Number	Abbreviated Course Title	Term Completed	Year	Credit Hours	Grade	Where Taken
NURS	737	Fndtns for DNP Development			3		USC Columbia
NURS	808	Adv Nursing in Population Health			3		USC Columbia
NURS	780	Org Theor Systems Hlthcare			3		USC Columbia
NURS	779	Health Policy			3		USC Columbia
NURS	817	Appl Stat Evidence Nurs Prac			3		USC Columbia
NURS	819	Evidence & Nurs Practice			3		USC Columbia
NURS	781	Appl Technology in Health Care			3		USC Columbia
NURS	783	Clin Project Immrsn & Prop Dev			3		USC Columbia
NURS	805	Adv Nursing Leadership			3		USC Columbia
NURS	897	DNP Residency			3		USC Columbia
NURS	897	DNP Residency			3		USC Columbia

Approval Signatures

Student _____ Date _____

Graduate Director of Program or School _____ Date _____

Major Professor _____ Date _____

Dean of the Graduate School _____ Date _____