MPOS

THE GRADUATE SCHOOL South Carolina

Master's Degree or Certificate Program of Study

This form should be 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: MSN	**Major:** PMHNP	**Track:**	

Admitted to Program	**Term**	**Year**	**Foreign Languages required:**	**Date Completed**

Other Requirements:

Program of Courses

In the spaces provided below, list all courses for which approval is requested in the master's degree (including thesis, if required) or certificate program. Example: ENGL 751 Amer. Novel in 20th Cent. Do not list courses not specifically required for the master's or certificate program. Note that any course on this program which exceeds the 6 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	700	Adv. Pathophysiology for Nurses			3		USC Columbia
NURS	717	App. of Bas Stat NP & Srv Mgmt			3		USC Columbia
NURS	720	Clincl Applic of Population Analysis			3		USC Columbia
NURS	707	Adv. Pathophysiology for Nurses			3		USC Columbia
NURS	790	Research Methods for Nursing			3		USC Columbia
NURS	702	Phar Mgmt in Ped, Adt, & Gert			3		USC Columbia
NURS	791	Seminar in Clinical Nursing Research			3		USC Columbia
NURS	704	Adv. Hlth Assmt &and Diag Reasoning			3		USC Columbia
NURS	718	Diag. Interp & Therp Modalities			3		USC Columbia
NURS	761	Neuros Basis for Pharm & Nonpharm			4		USC Columbia
NURS	763	Adv. Psych Nurse Pract I			6		USC Columbia
NURS	764	Adv. Psych Nurse PractII: Mgmt Cmplx PMHNP Cond			6		USC Columbia
NURS	768	PMHNP: Legal, Ethical, and Role Transition			2		USC Columbia

Approval Signatures

Student Date

Graduate Director of Program or School Date

Major Professor Date

Dean of the Graduate School Date

THE GRADUATE SCHOOL South Carolina

Master's Degree or Certificate Program of Study

Dept Prefix	Course Number	Abbreviated Course Title	Term Completed	Year	Credit Hours	Grade	Where Taken
NURS	768A	Adv. PN Pract III: Role Devlpmt			2		USC Columbia

Approval Signatures

******BOTH PAGES MUST BE SIGNED IF COURSEWORK EXTENDS TO SECOND PAGE*******

Student Date

Graduate Director of Program or School Date

Major Professor Date

Dean of the Graduate School Date

Print Form