College of Graduate Studies
Degree Plan for Master Advanced Practice: Family Nurse Practitioner Certificate

Part I – Student Information

Name: ______________________________ MTSU ID # M

Current Mailing Address: ______________________________

City, State, Zip: ______________________________ MTSU Email Address: ______________________________

Degree Sought: ______________________________ Major: ______________________________

If applicable:
Concentration: ______________________________ Specialization: ______________________________ Minor: ______________________________

I understand that if human or animal subjects are involved in my research (including thesis research), it is my responsibility to file a research protocol application with the Institutional Review Board (Sam H. Ingram Building, 011B) before I begin collecting data. Failure to secure this permission prior to conducting my data collection using human or animal subjects will negate the use of that data for any academic purpose including thesis.

______________________________________________  ______________________________
Signature of Student                                Date

Part II – Signatures and Approvals

Signatures in this area are required for approval of all degree plans.

I certify that the following program, when successfully completed, meets all coursework requirements for this degree.

______________________________________________  Signature  ______________________________
Graduate Advisor Name (Print)  ______________________________

______________________________________________  College of Graduate Studies Approval  ______________________________
__________________________  Date

Signature in this area are required for approval only if applicable to degree program.

This individual holds a professional license, or licensure requirements will be met by the courses listed below.

______________________________________________  Signature  ______________________________
Teacher Licensure Office Approval (Print)  ______________________________

Programs that require educational component

______________________________________________  Signature  ______________________________
Chair of Educational Leadership/Elementary Education (Print)  ______________________________

Minor Advisor

______________________________________________  Signature  ______________________________
Graduate Minor Advisor (Print)  ______________________________
**Part III – Course Information**

List ONLY graduate-level courses to be counted toward the degree. Include those completed as well as those still to be taken to fulfill degree requirements.

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<tr>
<th>Course ID</th>
<th>Course Title</th>
<th>Cr Hrs</th>
<th>Grade</th>
<th>Course ID</th>
<th>Institution</th>
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<tr>
<td>NURS 6601</td>
<td>Family Nurse Practitioner I (Women’s Health)</td>
<td>3</td>
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<td>NURS 6602</td>
<td>Family Nurse Practitioner I - Clinical</td>
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<td>NURS 6603</td>
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<td>NURS 6609</td>
<td>Advanced Family Nurse Practitioner Practicum</td>
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</table>

*Department must verify that all admission condition(s) were or were not met:*

Department Admissions Conditions Met?  Yes __________  No __________