

La Roche University
NURSING ADMINISTRATION PROGRAM GUIDE
DEGREE: Master of Science Department: Nursing Administration

Student Name _____
 I.D. Number _____

First Year Student
 Change of Major Transfer
 Readmit

Unofficial Eval Completed by/date: _____

This is the **unofficial evaluation** of your credits to date including transfer credits (if applicable) in your chosen major. **This evaluation is official when all official transcripts for all previous university work are received; and reviewed and approved for transferability by the Registrar's Office.** Beginning with your first semester of enrollment, your Degree Audit Report in My.LaRoche will automatically track your progress toward your degree, and guide you in planning future class schedules. Review your updated Degree Audit Report with your advisor prior to registering each semester.

REQUIREMENTS: To successfully complete the Nursing Administration program, the following coursework is required:

- 36 credits in Nursing Administration

	<u>Credits</u>	<u>Transfer Course #/Comments</u>
<u>NURSING ADMINISTRATION: 36 CREDITS</u>		
FALL		
<u>Year</u>		
____ NURG5002 Research and Evidence Based Practice	3	_____
____ NURG5004 Theory and Role Development	3	_____
____ NURG5006 Healthcare Delivery Systems	3	_____
SPRING		
____ NURG5008 Role Development for Nursing Management and Executive Leadership	3	_____
____ HRMT5020 Organizational Behavior	3	_____
____ NURG5010 Financial Resource Management	3	_____
SUMMER		
____ NURG5012 Health Care Policy and Global Considerations	3	_____
FALL		
____ NURG5014 Nursing Administration: Seminar and Practicum I	3	_____
____ NURG5016 Managing Quality and Safety in Practice	3	_____
____ NURG5018 Creating a Professional Work Environment	3	_____
SPRING		
____ NURG5022 Nursing Administration: Seminar and Practicum II	3	_____
____ NURG6000 Capstone Scholarly Experience	3	_____

FOR REGISTRAR USE ONLY:	<u>TOTAL</u>	<u>Completed</u>	<u>Need</u>	<u>COMMENTS:</u>
Nursing Administration	36	_____	_____	_____
La Roche University Credit	_____	_____	_____	_____
Total	36	_____	_____	_____

Registrar Signature _____

Date _____