

La Roche University
NURSING EDUCATION PROGRAM GUIDE
DEGREE: Master of Science Department: Nursing Education

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 Education program, the following coursework is required:

- 37 credits in Nursing Education

	<u>Credits</u>	<u>Transfer Course #/Comments</u>
<u>NURSING EDUCATION: 37 CREDITS</u>		
<u>FALL</u>		
_____ NURG5002 Research and Evidence Based Practice	3	_____
_____ NURG5004 Theory and Role Development	3	_____
_____ NURG5006 Healthcare Delivery Systems	3	_____
<u>SPRING</u>		
_____ NURG5007 Advanced Pharmacology	3	_____
_____ NURG5009 Advanced Pathophysiology	3	_____
_____ NURG5011 Educational Strategies in Nursing Education and Practice	3	_____
<u>SUMMER</u>		
_____ NURG5012 Health Care Policy and Global Considerations	3	_____
<u>FALL</u>		
_____ NURG5015 Curriculum Development and Evaluation	3	_____
_____ NURG5017 Comprehensive Health Assessment	3	_____
_____ NURG5019 Assessment and Evaluation of Learners	3	_____
<u>SPRING</u>		
_____ NURG5021 Nursing Education Practicum	4	_____
_____ NURG6000 Capstone Scholarly Experience	3	_____

<u>FOR REGISTRAR USE ONLY:</u>	<u>TOTAL</u>	<u>Completed</u>	<u>Need</u>	<u>COMMENTS:</u>
Nursing Education	37	_____	_____	_____
La Roche University Credit	_____	_____	_____	_____
Total	37	_____	_____	

Registrar Signature _____

Date _____