Name: ____________________________  
Address: ____________________________  
Home Phone: ____________________________  
Work Phone: ____________________________  
Banner I.D.: ____________________________  
Email: ____________________________  

<table>
<thead>
<tr>
<th>COGNATE COURSES/OTHER REQUIREMENTS (9 credits)</th>
<th>Credits</th>
<th>CLINICAL COMPONENT AND ROLE FUNCTION (12 Credits)</th>
<th>Credits</th>
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<tbody>
<tr>
<td>NUR 526 Advanced Health Assessment (3)</td>
<td></td>
<td>NUR 530 Role of the Clinical Nurse Leader I (6)</td>
<td></td>
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<tr>
<td>NUR 521 Advanced Pathophysiology (3)</td>
<td></td>
<td>NUR 531 Role of the Clinical Nurse Leader II (6)</td>
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<td>NUR 524 Advanced Pharmacology (3)</td>
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SUBTOTAL 9

TOTAL CREDITS IN PROGRAM 21

Student: ___________________________________________  Date: __________
Advisor: ___________________________________________  Date: __________
Associate Dean or  
Dean of Graduate Studies: ___________________________  Date: __________

2006

Graduate Office Use Only  
Master’s degree requirements must be completed by: