

MTSU

Advancement to Candidacy Form for Master's in Nursing Concentration: Nursing Informatics

College of Graduate Studies * Office of the Dean * Middle Tennessee State University

1. A copy of your candidacy form should be submitted to the **Nursing Advisor before the completion of nine (9) graduate hours** according to your program's curricular requirements. **Forms may be mailed to MSN Advisor, 1500 Greenland Drive, Box 81, Murfreesboro, TN 37132.**
2. We will secure the signatures of the appropriate persons and submit the signed form to the College of Graduate Studies and to the Tennessee Board of Regents.

Name: _____ Student Identification# _____

Address: _____ Telephone# _____

Degree: MSN Major: NURS Concentration: NUIN

Course ID# (Including prefix)	Course Title	Sem. Hours	Semester/ Year	Grade	<i>IF APPLICABLE:</i> <u>Transfer Credit Taken Prior to</u> Attending MTSU Transfer Institution	Substitute for MTSU Course#	Dept. Approval for Transfer Credit
CORE COURSES (15 hours)							
NURS 6000	Theoretical Foundation	3					
NURS 6001	Health Care Policy	3					
NURS 6002	Advanced Nursing Research	3					
NURS 6003	Advanced Role Development	3					
NURS 6990	Scholarly Synthesis/Research	3					
CONCENTRATION REQUIRED COURSES (14 hours)							
NURS 6401	Informatics & Information Management	3					
NURS 6402	Health Care Information Systems	3					
NURS 6403	Analysis & Design of Health Care Information Systems	3					
NURS 6404	Evaluation of Health Care Information Systems	3					
NURS 6405	Health Care Data Analysis Techniques	2					
PRACTICUM REQUIREMENT (4 hours)							
NURS 6407	Informatics Applications/Practicum I	2					
NURS 6409	Informatics Applications/Practicum II	2					

33 hours

Signature of Candidate

Date: _____

Copy to Graduate Studies

I certify the above degree plan: _____
Signature of Graduate Advisor

Date: _____

Copy to TBR

Signature of Dean, College of Graduate Studies or Graduate Analyst

Date: _____