

**Application Deadlines\***

May Graduation – Nov. 1

Aug. Graduation – Mar. 1

Dec. Graduation – June 1

**Hampton University – The Graduate College****APPLICATION FOR ADMISSION TO CANDIDACY FOR DEGREE COMPLETION****Nursing – Practitioner (NURS-NPR)***Only fully complete forms will be processed when submitted before the application deadline.*

I wish to apply for candidacy and graduation. I am applying at least 6 months (but no more than 1 year) prior to my expected graduation date, have met all admission requirements, have a cumulative GPA of 3.0 or higher, and do not have any incomplete course work.

Clearly **print** your full name as it should appear on the diploma (**limit to three names**)

Student ID Number

Email Address

Local Address (Street, City, State, Zip Code)

Permanent Address (Street, City, State, Zip)

**Masters of Science**

Degree

Hometown (City, State, Country) for Commencement Program

Telephone Number

**May / Aug / Dec 20**

Expected month and year of graduation

Previous degrees earned (University, Degree, Year)

(Circle one and include year)

Use your unofficial transcript (HUNet) to complete the Degree Plan of Study below. Identify the term (Fall = F, Spring = S, Summer = Su) and year for which a course was/will be taken and the grade received. Indicate substitutions in the appropriate column with the course and number. Put a check mark (✓) in the appropriate column if a course is transfer credit or waived.

Degree Plan of Study			Cr	Term	Grade	Substitute*	Transfer*	Waived*
<b>Required Courses: 15 or 18 credits</b>								
NUR	510	Conceptual Approaches to Nursing	2					
NUR	512	Organizational Behavior/Group and...	3					
NUR	514	Concepts and Techniques of Primary...	4					
NUR	609	Nursing Colloquium	3					
NUR	630	Advanced Pharmacotherapeutics in...	3					
STA	600	Statistics (except Women's Health)	3					
<b>Degree Plan Courses: 4 or 5 credits (Check Plan A or Plan B)</b>								
Plan A <input type="checkbox"/>		NUR 681: Thesis	4					
Plan B <input type="checkbox"/>		NUR 683: Research Methods in Nursing	4					
		NUR 702: Comprehensive Examination	1					
<b>Clinically Specialty Courses: 25, 31, or 33 credits (Choose one: Family/Gerontological, Pediatric, or Women's Health Nurse Practitioner)</b>								
NUR	608	Pathophysiology	3					
NUR	616/618	Preceptorship in gerontological/Family	5					
NUR	617/619	Advanced Preceptorship in gerontological	4					
NUR	620/621	Preceptorship and Primary Gerontological	4					
NUR	678	Family Health Nursing: Theory & Practice	3					
		Nursing Elective	3					
NUR	689	Pediatric Pathophysiology	1					
NUR	690	Advanced Child Health Assessment	3					
NUR	691	Acute Pediatric Problems and Illnesses	3					
NUR	692	Child Health Maintenance and Promotion	2					
NUR	693	Seminar in Advanced Pediatric Nursing I	2					
NUR	694	Advanced Pediatric Nursing Practicum	2					
NUR	695	Chronic Pediatric Problems Nursing II	2					
NUR	696	Seminar in Advanced Pediatric Nursing II	2					
NUR	697	Advanced Pediatric Nursing Practicum I	2					
NUR	698	Advanced Pediatric Nursing Practicum II	6					
NUR	530	Maternal-Fetal Pharmacology	3					
NUR	531	Physiological Aspects of Reproduction &...	3					
NUR	635	Health Care Women I	3					
NUR	638	Health Care of Women Seminar	4					
NUR	639	Health Care of Childbearing Women Seminar	5					
NUR	642	Health Care of Childbearing Women...	5					
NUR	643	Low-Risk Childbearing Families	4					
NUR	650	Women's Health Nursing Seminar	3					

\*The appropriate forms must be filed to receive credit for course substitutions, transfer credit and waivers.

**Total Credits: Minimum of 44**

\*Late applications require written explanation to be approved by the Provost.

Revised 04/2014

I understand that I may not deviate from the Degree Plan of Study without permission from the Dean of the Graduate College.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator's or Dept. Chair's Signature

\_\_\_\_\_  
Date

**For Official Use Only**

Met Admission Requirements: \_\_\_\_\_  
Cumulative GPA: \_\_\_\_\_  
Incomplete Coursework: \_\_\_\_\_  
Comprehensive Examination: \_\_\_\_\_

Approved       Denied

Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dean, Graduate College Signature

\_\_\_\_\_  
Date