

BSN-DNP – WOMEN'S HEALTH NURSE
PRACTITIONER
PROPOSED PROGRAM OF STUDY
(TTU Home Campus Student- Effective Aug 2018)

T. No. _____

Name: _____

COURSE				INSTITUTION CREDIT INFORMATION		Date Completed or To Be Completed
Title	Course Number	Credit	Grade	TTU or ETSU or Other (Specify)**	Equiv. TTU Course No.	
BSN-DNP Core Courses						
Conceptual Systems in Advanced Nursing Practice	NRSE 5000	3				

Appointment of Project Committee

I hereby request that the following members of the Graduate Faculty be appointed to serve on my Graduate Project Committee:

Name (please type in committee names)

Chairperson

Member

Member

Member

Member

Member

Member

Student's Signature _____ Date _____

Student T No. _____

Approved _____
Concentration Coordinator date

Approved _____
School of Nursing Designee date

Approved _____
College of Graduate Studies Designee date