

MSN-DNP - ACUTE CARE 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.	
Background Courses (if applicable)						

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

Signature _____ Date _____

Student T No. _____

Approved _____

Concentration Coordinator

date

Approved _____

School of Nursing Designee

date

Approved _____

College of Graduate Studies Designee

date