La Roche College

La Roche College
NURSING ADMINISTRATION PROGRAM GUIDE
DEGREE: Master of Science Department: Nursing Administration

Student Name_____ ___**First Year Student** ___**Transfer**
I.D. Number_____ ___**Change of Major** ___**Readmit**

*Unofficial Eval Completed by/date:*_____

This is the ***unofficial evaluation*** of your credits to date including transfer credits (if applicable) in your chosen major. ***This evaluation is official when all official transcripts for all previous college work are received; and reviewed and approved for transferability by the Registrar's Office.*** Beginning with your first semester of enrollment, your Degree Audit Report in My.LaRoche will automatically track your progress toward your degree, and guide you in planning future class schedules. Review your updated Degree Audit Report with your advisor prior to registering each semester.

REQUIREMENTS: To successfully complete the Nursing Administration program, the following coursework is required:

- 36 credits in Nursing Administration

NURSING ADMINISTRATION: 36 CREDITS

			Credits	Transfer Course #/Comments
FALL				
Year				
_____	NURG5002	Research and Evidence Based Practice	3	_____
_____	NURG5004	Theory and Role Development	3	_____
_____	NURG5006	Healthcare Delivery Systems	3	_____
SPRING				
_____	NURG5008	Role Development for Nursing Management and Executive Leadership	3	_____
_____	HRMT5020	Organizational Behavior	3	_____
_____	NURG5010	Financial Resource Management	3	_____
SUMMER				
_____	NURG5012	Health Care Policy and Global Considerations	3	_____
FALL				
_____	NURG5014	Nursing Administration: Seminar and Practicum I	3	_____
_____	NURG5016	Managing Quality and Safety in Practice	3	_____
_____	NURG5018	Creating a Professional Work Environment	3	_____
SPRING				
_____	NURG5022	Nursing Administration: Seminar and Practicum II	3	_____
_____	NURG6000	Capstone Scholarly Experience	3	_____

FOR REGISTRAR USE ONLY:	TOTAL	Completed	Need	COMMENTS:
Nursing Administration	36	_____	_____	_____
La Roche College Credit	____	_____	_____	_____
Total	36	_____	_____	

Registrar Signature _____ Date _____

Advisor Signature _____ Date _____
(When signed by Advisor, all required coursework/credits have been completed for graduation.)

Revised 04/2017