

La Roche College  
**NURSING EDUCATION PROGRAM GUIDE**  
 DEGREE: Master of Science    Department: Nursing Education

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 Education program, the following coursework is required:

- 37 credits in Nursing Education

	<u>Credits</u>	<u>Transfer Course #/Comments</u>
<b><u>NURSING EDUCATION: 37 CREDITS</u></b>		
<b><u>FALL</u></b>		
____ NURG5002 Research and Evidence Based Practice	3	_____
____ NURG5004 Theory and Role Development	3	_____
____ NURG5006 Healthcare Delivery Systems	3	_____
<b><u>SPRING</u></b>		
____ NURG5007 Advanced Pharmacology	3	_____
____ NURG5009 Advanced Pathophysiology	3	_____
____ NURG5011 Educational Strategies in Nursing Education and Practice	3	_____
<b><u>SUMMER</u></b>		
____ NURG5012 Health Care Policy and Global Considerations	3	_____
<b><u>FALL</u></b>		
____ NURG5015 Curriculum Development and Evaluation	3	_____
____ NURG5017 Comprehensive Health Assessment	3	_____
____ NURG5019 Assessment and Evaluation of Learners	3	_____
<b><u>SPRING</u></b>		
____ NURG5021 Nursing Education Practicum	4	_____
____ NURG6000 Capstone Scholarly Experience	3	_____

<b>FOR REGISTRAR USE ONLY:</b>	<u>TOTAL</u>	<u>Completed</u>	<u>Need</u>	<u>COMMENTS:</u>
Nursing Education	37	_____	_____	_____
La Roche College Credit	_____	_____	_____	_____
Total	37	_____	_____	

**Registrar Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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