

Must be typewritten

CAMPUS:  
RACE:  
GENDER:

**WILLIAM CAREY UNIVERSITY**  
**APPLICATION FOR**  
**Master of Science in Nursing Degree**  
**(41 hours)**

**Name:**  
(Enter official name only to appear on diploma.)

**ID#:**

**Current Address:**

**DATE OF APPLICATION:**

**CATALOG YEAR:**

**PROPOSED GRADUATION DATE:**

Professional Nursing Courses (35 hours)			This space for Registrar's Office only
COURSE #'s	Hours	Grades	
NUR 612	3		
NUR 621	3		
NUR 623	4		
NUR 634	1		
NUR 637	2		
NUR 648	3		
NUR 660	2		
NUR 663	2		
NUR 664	2		
NUR 665	2		
NUR 666	2		
NUR 668	2		
NUR 669	1		
NUR 670	3		
NUR 672	3		
Elective Nursing Courses (6 hours)			
	3		
	3		
<b>Please Note:</b> * If transfer credit, give correct course number above ** Include all courses in the program. Indicate current term courses by writing "IP" (in progress) in grades column.			
_____ <b>Applicant Signature</b> _____ <b>Date</b>			Hours transferred _____ Hours in residence _____ Hours in support courses _____ Hours in professional Nursing courses _____ GPA _____ Total hours _____ Date _____ Registrar's Signature: _____
			<b>EXCEPTIONS AUTHORIZED:</b>  Degree Plan Approval: Advisor: _____ Date: _____ Program Director: _____ Date: _____