



**CALIFORNIA STATE UNIVERSITY, LONG BEACH**  
**College of Health and Human Services, Department of Nursing**  
**Masters of Science – Family Nurse Practitioner**

Student Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 (Last) (First) (Middle)

Address: \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip)

Bachelor Degree Major: \_\_\_\_\_ Institution: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Program Entry Date: \_\_\_\_\_ Mandatory Completion Date: \_\_\_\_\_

Approved Statistics Class: Course: \_\_\_\_\_ Completion Date: \_\_\_\_\_ WPE Completion Date: \_\_\_\_\_

Dept.	No.	Course Title	Units		Completed Sem/Year	Grade
			300 400	500 600		
<b>CORE COURSES</b>						
NRSG	510	Advanced Pathophysiology for Adv.Practice		2		
NRSG	520	Advanced Pharmacology for Advanced Practice		3		
NRSG	530	Advanced Physical Assessment for Adv.Practice		2		
NRSG	530L	Advanced Physical Assessment Lab		1		
NRSG	540	Health Care Economics, Policy & Management		2		
NRSG	550	Human Diversity & Psychosocial Issues		2		
NRSG	560	Theoretical Professional Roles for Adv.Practice		2		
NRSG	596	Research Methods in Nursing		3		
<b>CLINICAL SPECIALIZATION COURSES</b>						
N RSG	682	Family Theory Advanced Practice Nursing I		3		
NRSG	682A	Family Clinical Advanced Practice Nursing I		3		
NRSG	682B	Family Clinical Advanced Practice Nursing II		3		
NRSG	683	Family Theory Advanced Practice Nursing II		3		
NRSG	683A	Family Clinical Advanced Practice Nursing III		3		
NRSG	683B	Family Clinical Advanced Practice Nursing IV		3		
NRSG	695	Professional Literature Review (Comps) <b>OR</b>		3		
NRSG	698	Thesis <b>OR</b>		4		
NRSG	692	Directed Project		4		
<b>Total Units Earned in Program</b>						

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Department Graduate Advisor Date

\_\_\_\_\_  
 Department Chair Date

\_\_\_\_\_  
 Associate Dean of Academic Programs and Faculty Affairs Date

**CALIFORNIA STATE UNIVERSITY, LONG BEACH**  
**College of Health and Human Services**  
**M.S. in Nursing**

\_\_\_\_\_  
**Student Number**

**PREREQUISITES**

**Date:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip)

**Bachelor Degree** \_\_\_\_\_ **Year** \_\_\_\_\_

**Institution** \_\_\_\_\_

**Were prerequisites completely satisfied by Undergraduate Degree?** \_\_\_Yes\_\_\_No

**If not, list prerequisites taken after your BSN:**

<b>Prerequisite subject (Stats, Patho, etc.)</b>	<b>Course name/#taken to satisfy prereq</b>	<b>Institution</b>	<b>Semester taken</b>	<b>Grade received</b>

**CALIFORNIA STATE UNIVERSITY, LONG BEACH  
DEPARTMENT OF NURSING**

**Advancement to Candidacy Procedure**

- 1. Please fill out online form and submit to Graduate Nursing Office with proof of WPE completion and unofficial transcript (from my.csulb)**
- 2. Include all courses, including ones you've already taken (with grades) and ones you plan to take (and in which semester). List any prerequisites that were not in your BS separately.**
- 3. For Thesis or Project units, list all 4 units in the semester you plan to complete it. If you are doing Comps, please 'cross off' the 692 and 698 (and vice versa) and put the semester you are taking the class.**
- 4. If you are transferring in anything for required courses, please white out the required course – put the number of the course you took at the other school in the course number block and in the line space write the name of the course you took and 'transfer for', followed by the CSULB course number that you are transferring in your course for.**
- 5. Be sure to sign your form.**
- 6. If corrections are needed, or prerequisites need to be taken, your form will be returned; please resubmit with corrections and/or proof of prerequisites taken.**
- 7. You will receive verification by mail of your Advancement to Candidacy from the Dean's office.**
- 8. If you wish to change any of the courses listed on the approved Advancement, you must complete and file a Change of Program form (available in the Graduate Nursing Office).**

