

Advancement to Candidacy Instruction

You must advance to candidacy at least one semester before the semester in which you plan to graduate. Advancement to candidacy requires that you complete the attached forms. You must be enrolled in the semester in which Advancement to Candidacy occurs. The Advancement to Candidacy is a process by which you contract your graduate program of study with CSULB. You can submit your Advancement when you have completed at least 6 units of graduate study

- You must pass the Writing Proficiency Examination (WPE) as one of the requirements for advancement to candidacy and attach a copy of the results or a verification of passing the WPE to your Advancement form
- You must be enrolled in the semester in which advancement to candidacy occurs.
- Complete the form by including the dates and grade for courses completed
- Complete the form by including the dates that you anticipate taking the remaining courses
- Once you have been advanced to candidacy, you will need to follow the timeline you completed on the advancement form.
- If for some reason you must change the timeline or substitute other coursework for those included on your Advancement form, you will need to submit a program change.
- Please include any pre-requisite entrance exam results (e.g. GMAT or GRE)
- Make sure that you have completed all pre-requisite requirements before submitting your Advancement forms. It is your responsibility to ensure that verification of completing all prerequisites are on file in the Graduate Nursing Office.
- Please check to make sure that the information you have submitted is correct and that you signed the forms.
- Submit both forms to Alison Trafas in the Nursing Graduate Office



CALIFORNIA STATE UNIVERSITY, LONG BEACH
College of Health and Human Services, Department of Nursing
Masters of Science – Pediatric 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		
CORE COURSES						
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		
CLINICAL SPECIALIZATION COURSES						
N RSG	684	Pediatric Theory Advanced Practice Nursing I		3		
NRSG	684A	Pediatric Clinical Advanced Practice Nursing I		3		
NRSG	684B	Pediatric Clinical Advanced Practice Nursing II		3		
NRSG	685	Pediatric Theory Advanced Practice Nursing II		3		
NRSG	685A	Pediatric Clinical Advanced Practice Nursing III		3		
NRSG	685B	Pediatric Clinical Advanced Practice Nursing IV		3		
NRSG	695	Professional Literature or		3		
NRSG	697	Thesis or		4		
NRSG	692	Nursing Directed project		3		
Total Units Earned in Program						

 Student Signature Date

 Department Graduate Advisor Date

 Program Advisor Date

 Associate Dean of Academic Programs and Faculty Affairs Date

College of Health and Human Services

MS in Nursing

Student Number

PREREQUISITES

Date _____

Name _____

Address _____
(Street and Number) (City) (State) (Zip)

Bachelor Degree _____ Year _____

Institution _____

Prerequisites satisfied by Undergraduate Degree _____ Yes _____ No

Undergrad. Deficiencies To Be Met	Courses Taken To Meet Deficiencies	Where Taken	Date Taken	Grade
Units Needed ____	Units Completed ____			

Associate Dean-Academic Programs