



CALIFORNIA STATE UNIVERSITY, LONG BEACH
College of Health and Human Services, Department of Nursing
Masters of Science – Women’s Health Nurse Practitioner

Student Number: _____ Email: _____

Name: _____

 (Last) (First) (Middle) Phone(_____) _____

Address: _____

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

Bachelor Degree Major: _____ Institution: _____ Graduation Date: _____
 Program Entry Date: _____ Mandatory Completion Date: _____ WPE date _____

Dept.	No.	Course Title	Units		Com- pleted 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 for Adv. Prac. 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	667	WHCNP Advanced Practice Nursing I		3		
NRSG	667A	WHCNP Clinical Advanced Practice Nursing I		3		
NRSG	667B	WHCNP Clinical Advanced Practice Nursing II		3		
NRSG	668	WHCNP Theory Advanced Practice Nursing II		3		
NRSG	668A	WHCNP Clinical Advanced Practice Nursing III		3		
NRSG	668B	WHCNP Clinical Advanced Practice Nursing IV		3		
NRSG	669	WHCNP Advanced Practice Nursing III		3		
NRSG	669A	WHCNP Clinical Advanced Practice Nursing V		3		
NRSG		Comps, Thesis or Directed Project (choose one)		3-4		
Total Units Earned in Program						

 Student Signature Date

 Graduate Advisor Date

 Graduate Advisor or Dept. Chair Date

 Associate Dean 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:

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

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).**