

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Post-Master's Certificate for Family Nurse Practitioner (5200)**  
**School of Nursing**

**Student Name:** \_\_\_\_\_

**ID#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

\_\_\_\_\_  
(Please include street, city, state, & zip code)

**Email:** \_\_\_\_\_

**Intake Interview Date:** \_\_\_\_\_

**Advisor:** \_\_\_\_\_

**Catalog Authority:** \_\_\_\_\_ 2020-21

**Date Admitted to Graduate School:** \_\_\_\_\_

**Expected Completion:** \_\_\_\_\_

**Date Admitted to FNP Program:** \_\_\_\_\_

**Core Requirements**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
NUR 600 Rural Hlth FNP Theory I	(3) _____	_____	NUR 694 Rural Hlth FNP Prac I	(3) _____	_____
NUR 610 Rural Hlth FNP Theory II	(3) _____	_____	NUR 695 Rural Hlth FNP Prac II	(3) _____	_____
NUR 620 Rural Hlth FNP Theory III	(3) _____	_____	NUR 696 Rural Hlth FNP Prac III	(3) _____	_____

**Total Credit Hours:** \_\_\_\_\_  
(18 hours required.)

**Copy to Registrar on date:** \_\_\_\_\_

**Grad. Audit sent on date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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

**Advisor Signature:** \_\_\_\_\_

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

**Assoc. Dean, Nursing:** \_\_\_\_\_

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

**Assoc. VP, Academic Affairs:** \_\_\_\_\_

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

**Dir of Graduate Division:** \_\_\_\_\_

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

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.