

SDSU Official Program of Study and Advancement to Candidacy

Degree: MS  
 Major: Nursing  
 Concentration: Community Health Nursing  
 Specialization: School Nursing

Student Name \_\_\_\_\_  
(Last) (First) (Middle)

Red ID \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
(City) (State) (Zip Code)

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Dept	Course #	Title	Units
NUR	604A	Theoretical & Research Bases of Nursing	3
NUR	604B	Theoretical & Research Bases of Nursing	3
NUR	608	Nursing in the Health Care System	3
NUR	684	Information Systems in Nursing	3
NUR	631	Community Health Nursing Practicum	3
NUR	632	Community Health Nursing	3
NUR	670	School Nurse Management Practices	3
NUR	672	Primary Health Care/School Aged Child	3
NUR	674	Health Education for School Nurses	3
SPED	500	Human Exceptionality	3
CSP	600/L	Crosscultural Counseling Communication Skills	3
NUR	601	Assessment and Health Promotion of Children and Adolescents	4
		Audiometry Approved Course	3

Check the appropriate selection. Thesis/comp exam 3  
 Plan A (Thesis/Project-799A) \_\_\_\_\_  
 Plan B (Comp Exam-798) \_\_\_\_\_ Total Units **43**

I accept this program of study: \_\_\_\_\_  
(Student signature) (date)

I approve this program of study and recommend for advancement to candidacy.

\_\_\_\_\_  
(Graduate Advisor) (date)