

**UNIVERSITY OF MOBILE**

**Master of Science in Nursing – Family Nurse Practitioner  
ADVISEMENT WORKSHEET**

<b>Name:</b>	<b>Student ID:</b>	<b>Advisor:</b>
<b>Address:</b>		<b>Phone:</b>
<b>Transfer Hours:</b>	<b>Restrictions:</b>	<b>NU Course Failures:</b>

AREA	COURSE	SEMESTER SCHEDULED	SEMSTER COMPLETED	HOURS EARNED	COMMENTS	DATE
Nursing	<i>Core Courses</i>					
	NU 501					
	NU 503					
	NU 504					
	NU 507					
	NU 508					
	NU 509					
	<i>Major Courses</i>					
	NU 510					
	NU 511					
	NU 512					
	NU 513					
	NU 542					
	NU 598 or					
	NU 599					