

UNIVERSITY OF MOBILE

**Master of Science in Nursing – Nursing Education/Administration
ADVISEMENT WORKSHEET**

Name:	Student ID:	Advisor:
Address:		Phone:
Transfer Hours:	Restrictions:	NU Course Failures:

AREA	COURSE	SEMESTER SCHEDULED	SEMSTER COMPLETED	HOURS EARNED	COMMENTS	DATE	
Nursing	<i>Core Courses</i>						
	NU 501						
	NU 502						
	NU 503						
	NU 504						
	NU 505						
	NU 515						
	NU 516						
	NU 517						
	<i>Major Courses</i>						
	NU 530						
	NU 531						
	NU 540						
	NU 541						
	NU 598 or						
	NU 599						