

UNIVERSITY OF MOBILE
Post Masters Non Degree – Nursing Education
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 515					
	NU 516					
	NU 517					
	<i>Major Courses</i>					
	NU 540					
	NU 541					