

UNIVERSITY OF MOBILE
Master of Science in Nursing – Family Nurse Practitioner
ADVISEMENT WORKSHEET

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

AREA	COURSE	SEMESTER SCHEDULED	SEMESTER 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					

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					