

### DNP Program Academic Advising Record

Student Name: \_\_\_\_\_ Date Entered Program: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

#### Required Courses

Courses		Anticipated Enrollment	Term Completed
N802	Epidemiology		
N800	Statistics for Adv. Practice		
N810	Scientific Foundations		
N811	Health Informatics		
N812	Clinical Leadership in Complex Systems		
N815	Quality and Safety		
N816	Policy Analysis		
N900	Research Synthesis		
N910	Translation, Implementation, Effectiveness		
N950	Residency (Credits: _____)		
N955	Scholarly Project		
N803	Responsible Conduct of Research and Scholarship		

#### Plans for Scholarly Project

Topic: \_\_\_\_\_

Committee: \_\_\_\_\_

Proposal approval: \_\_\_\_\_

IRB approval (if needed): \_\_\_\_\_

Anticipated terms and credits: \_\_\_\_\_

Anticipated term of defense: \_\_\_\_\_

## Plans for Residency

Goals:

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Number of credits and terms: (if completing over multiple terms) \_\_\_\_\_

Potential sites: \_\_\_\_\_

Dates and Notes on advising sessions:

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### Signatures (both student and advisor should sign one row each time they meet):

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_