MPOS

THE GRADUATE SCHOOL

South Carolina

Master's Degree or Certificate Program of Study

This form should be filled out on your computer, then saved with a new file name to your local disk.
Next, print the form and obtain the necessary signatures.

Last Name:	First Name:	MI:	USC ID:
Street:	City:	State:	Zip:
Email:	Phone:		
Degree: MSN	Major: Nursing Informatics		Track:

Admitted to Program	Term	Year		Foreign Languages required:	Date Completed
				n/a	

Other Requirements:

Program of Courses

In the spaces provided below, list all courses for which approval is requested in the master's degree (including thesis, if required) or certificate program. Example: ENGL 751 Amer. Novel in 20th Cent. Do not list courses not specifically required for the master's or certificate program. Note that any course on this program which exceeds the 6 year limit (before the degree is awarded) must be revalidated or replaced with another course.

Dept Prefix	Course Number	Abbreviated Course Title	Term Completed	Year	Credit Hours	Grade	Where Taken
NURS	775	FOUN IN NURS INFORMATICS			3		USC COLUMBIA
NURS	734	CONCEPTUAL BASIS OF HEALTH			3		USC COLUMBIA
ITEC	764	PROJECT MNGMT FOR HEALTH INFO			3		USC COLUMBIA
NURS	738	FINANCING OF HEALTH CARE			3		USC COLUMBIA
ITEC	770	HEALTH DATABASE SYS			3		USC COLUMBIA
NURS	777	NURS INFO PRACTICUM			3		USC COLUMBIA

Approval Signatures

Student	Date	Graduate Director of Program or School	Date
Major Professor	Date	Dean of the Graduate School	Date

Rev 8/2017