

**Doctor of Philosophy in Urban Education  
Plan of Coursework  
Nursing Education Specialization**

Complete and return this form to your academic advisor for his/her approval and signature **no later than the first semester of your third year of study**. Your advisor will then forward it through the proper channels for final approval. Your copy will be returned when all approvals have been obtained. **Please type or print in ink.**

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Year Admitted: \_\_\_\_\_

**I. Program Core – 31-32 Total Credit Hours** (Include semester course scheduled or completed)

_____ EDU 800 (3)	_____ EDU 801 (3)	_____ EDU 807 (4)
_____ EDU 803 (4)	_____ EDU 805 (4)	_____ EDU 806 (2)
_____ EDU 809 (4)	_____ UST 716 (4)	

\_\_\_\_\_ EDU 802 (3)  
**OR**  
\_\_\_\_\_ EDU 808 (4)

**II. Required Course:** \_\_\_\_\_ EDU 715 (4)

**III. Specialization Courses – 20 Total Credit Hours**

\_\_\_\_\_ NUR 710 (3)    \_\_\_\_\_ NUR 730 (4)    \_\_\_\_\_ NUR 740 (3)    \_\_\_\_\_ NUR 760 (4)    \_\_\_\_\_ NUR 780 (3)

**IV. Electives – minimum one elective approved by advisor**

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

**V. EDU 895: Doctoral Research/EDU 899: Dissertation Credit -- Minimum 10 Hours** combined  
(List course number and credit)

_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )	_____ ( )

\_\_\_\_\_ **Total Research/Dissertation Hours**

**VI. Transferable Credits from another Institution -- 16 hours maximum** (List institution, course number and credit hours)

Note: Only post-master's courses are transferable.

\_\_\_\_\_

\_\_\_\_\_ Total Program Hours (67 minimum)

_____ Student's Signature	_____ Date	_____ Advisor's Signature	_____ Date
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Signature of Program Director: \_\_\_\_\_

Date

**\*\*A maximum of six hours of EDU 897 Independent Study are permitted in 20 hours of specialization**