Research Concentration Application

Name: ____________________________  Student ID: ____________________________

Student E-mail: ______________________  Specialty: ____________________________

Semester and Year: ______________________  Expected Year of Graduation: __________

Prerequisite Course:
- N735b Evidence-based Practice

Required Courses:
- N615a and N616b Research Seminar (Research Practicum 45 hours /semester plus 1 hour clinical conference every other week each semester; Practicum hours are flexible)

Student:

_____ I am aware of the expectations for the Concentration and have discussed them with:

Concentration Faculty: __________________________________________________________

Academic Advisor: _____________________________________________________________

_____ Attach a short statement regarding goals and objectives (one page), addressing: (1) goals, objectives and rationale for participating in the concentration; (2) concrete plans for balancing the added coursework and clinical work, and (3) populations/topic of interest for research practicum

_____ Attach a copy of YSN academic transcript

Agreement: I agree to meet each semester with Concentration Faculty and my Academic Advisor to review my progress in the Concentration as well as my overall academic performance.

Student Signature  Date

Concentration Faculty:

I agree to accept this student into the Concentration and will meet at least each semester to review this student’s progress in the Concentration as well as overall academic performance.

Concentration Faculty Signature  Date

Academic Advisor:

I agree that this student meets criteria to elect a Concentration and I will meet each semester to review this student’s overall academic performance.

Academic Advisor Signature  Date

Distribution: 4 signed copies: SAO, Student, Concentration Faculty, Academic Advisor