Research Concentration Application

Name: _____________________________________________ Student ID: ____________________________

Student E-mail: _____________________________________ Specialty: __________________________

Semester and Year: _______________________________ Expected Year of Graduation: ____________

Prerequisite Course:
  • N604 Evidence-based Practice

Required Courses:
  • N615 and N616 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