

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

