

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

UNIVERSITY OF SOUTH ALABAMA  
COLLEGE OF NURSING

**VERIFICATION OF NURSING RESEARCH AND PHYSICAL ASSESSMENT**  
PREREQUISITE FORM  
MASTER OF SCIENCE IN NURSING PROGRAM

Instructions: Verification of prerequisite courses or equivalents in nursing research and physical assessment are required for admission to the Master of Science in Nursing program. Please complete the following sections and return the form to: **Director of Graduate Studies, University of South Alabama, College of Nursing, USA Springhill Avenue, Mobile, AL 36688.** This form must be received before your application can be processed.

**Verification of prerequisite in Nursing Research.**

1. Have you completed a course in nursing research?

\_\_\_\_\_ yes      \_\_\_\_\_ no

2. If yes, title of course \_\_\_\_\_

Credit hours \_\_\_\_\_ Institution \_\_\_\_\_

3. If no, have you completed a continuing education program in nursing research?

\_\_\_\_\_ yes      \_\_\_\_\_ no

4. If yes, title of program \_\_\_\_\_

Length of program \_\_\_\_\_ Sponsor \_\_\_\_\_

**Verification of prerequisite in Physical Assessment.**

1. Have you completed a course in physical assessment?

\_\_\_\_\_ yes      \_\_\_\_\_ no

2. If yes, title of course \_\_\_\_\_

Credit hours \_\_\_\_\_ Institution \_\_\_\_\_

3. If no, have you completed a continuing education program in physical assessment?

\_\_\_\_\_ yes      \_\_\_\_\_ no

4. If yes, title of program \_\_\_\_\_

Length of program \_\_\_\_\_ Sponsor \_\_\_\_\_