

ST. CLOUD STATE UNIVERSITY

Major: Applied Clinical Research

Application for Semester Program Approval: MASTER OF SCIENCE

Student ID Number _____ Date _____

Name in Full _____ Email address _____

Local Address _____
City State Zip

Local Phone _____ Business Phone _____

I request the following graduate courses be transferred from: **(Official transcripts of all transfer credits which have been completed are required in the Graduate Office before program can be approved)**

Name of College or University Address of College or University

<u>Dept. and Course No.</u>	<u>Name of College or University</u>	<u>Sem./Qtr. Hours</u>	<u>Grade</u>	<u>Date Taken</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(The area below the broken line should not be filled in by applicant)

I certify that this student is eligible for the proposed program approval and that I approve the program outlined in this application.

Signature of Adviser _____

The program outlined in this application complies with the minimum course requirements set by this university for the Master of Science degree.

Signature of Graduate Dean _____

Student Notified: _____

PROPOSED SEMESTER PROGRAM OF GRADUATE STUDIES

Plan B (Minimum 34 Cr.)

Major: Applied Clinical Research

Dept. Number	Name of Course	Sem./Yr.	Credits	Grade
Foundational Courses for Clinical Research:				
		_____	_4_	_____
ACR-620	Applied Anatomy, Physiology, & Pathophysiology	_____	_2_	_____
ACR-622	Lifecycle of the Clinical Product	_____	_4_	_____
ACR-624	Biostatistics for Clinical Trials	_____	_3_	_____
ACR-626	Evidence Based Medicine	_____	_3_	_____
 Clinical Trial Planning & Execution:				
ACR-630	Clinical Study Design & Planning	_____	_3_	_____
ACR-632	Clinical Study Operations & Execution	_____	_3_	_____
ACR-634	Clinical Risk Management & Safety	_____	_3_	_____
ACR-636	Communications & Reporting for Clinical Trials	_____	_3_	_____
 Clinical Leadership Development:				
ACR-640	Clinical Research Leadership	_____	_3_	_____
ACR-690	Culminating Project Experience	_____	_3_	_____
TOTAL CREDITS:			_34_	GPA: _____

Total Credits in Program: _____

Signature of Applicant

- PROGRAM REQUIREMENTS:**
1. Credit limitation on transfer and extension credits (combined)--10 Cr.
 2. Credit limitation on Workshop--Plan B, 7 Cr.
 3. Required: one-half of minimum requirements for program must be completed in 600-level courses.