

**MASTER OF SCIENCE IN NURSING PROGRAM
PLAN OF STUDY**

NAME _____

CLINICAL FOCUS _____

STUDENT ID _____

ROLE OPTION _____

ADVISOR _____

ADMISSION DATE _____

COURSE NUMBER AND TITLE	CR. HRS	SEMESTER/ YEAR	GRADE	SUBSTITUTION
PREREQS: (Indicate if substitution is used)				
NURS 4060 Advanced Health Assessment	4			
NURS 7011 Statistical Applications in Nursing Research and Practice	3			
CORE:				
NURS 7100 Clinical Pathophysiology	3			
NURS 7110 Theories Used in Nursing	2			
NURS 7120 Nursing Research	3			
NURS 7130 Seminar in Issues and Health Policy	1			
CLINICAL FOCUS: (Enter appropriate course # and title)				
NURS	3			
NURS	3			
NURS	3			
NURS	3			
ROLE OPTION: (Enter appropriate course # and title)				
NURS	3 or 6			
NURS	3 or 6			
ELECTIVE:				
DIRECTED STUDY:				
THESIS OR PROJECT:				
NURS 7463 Thesis (6 credits minimum)	3			
	3			
	3			
NURS 7473 Project (6 credits minimum)	3			
	3			
	3			
TOTAL PROGRAM CREDITS: (36 minimum)				

COMPREHENSIVE EXAM RESULTS (Pass or Fail):	RESEARCH/DATE:	THEORY/DATE:
	CLINICAL/DATE:	ROLE/DATE:
COMPREHENSIVE EXAM RETAKE: (Pass or Fail):	RESEARCH/DATE:	THEORY/DATE:
	CLINICAL/DATE:	ROLE/DATE:
THESIS/PROJECT TITLE:		
COMMITTEE MEMBERS:		
THESIS/PROJECT PROPOSAL DEFENSE DATE:		
FINAL DEFENSE OF THESIS OR PROJECT (DATE):		
THESIS/PROJECT FINAL REVISIONS COMPLETED (DATE):		
THESIS ACCEPTED BY GRADUATE SCHOOL (DATE):		

EXPECTED PROGRESSION AND GRADUATION:

PROGRESSION RATE: _____ FULL-TIME _____ PART-TIME

INTENDED GRADUATION DATE: _____

ACTUAL GRADUATION DATE: _____

ACCEPTANCE OF PROGRESSION/GRADUATION PLAN:

STUDENT

ADVISOR

DATE

DATE

NOTE: Two copies of this form are needed: one to be filed and the other given to the student.