

Student Name _____

Student ID _____



SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING PROGRAM
HEALTH SYSTEMS LEADERSHIP: CLINICAL NURSE LEADER
Part Time Eight Semester Graduate Plan of Study

Course Number	Course Name	Hours	Course Number	Course Name	Hours
Fall Semester I (4 Hours)			Spring Semester II (5 Hours)		
N6000	Caring & Advanced Practice of Nursing	1-0-1	N6400	Scholarly Inquiry in Nursing	3-0-3
N6100	Theoretical Foundations of Nursing Practice	3-0-3	N6601	Role of Nurse as Leader/Manager	2-0-2
Fall Semester III (6 Hours)			Spring Semester IV (3 Hours)		
N6300	Health Care Delivery	3-0-3	N6404	Advanced Pathophysiology	3-0-3
N6401	Health Promotion & Advanced Health Assessment				
Fall Semester V (5 Hours)			Spring Semester VI (4 Hours)		
N6602	Problem Solving in Health Systems	2-0-2	N6603	Outcomes Evaluation in Health Systems Leadership	2-0-2
N6403	Advanced Applied Pharmacology		N6500	Data Analysis in Nursing	2-0-2
Fall Semester VII (5 Hours)			Spring Semester VIII (4 Hours)		
N6287	CNL Practicum I	0-10-2	N6387	CNL Practicum II	0-20-4
N6987	Scholarly Project	3-0-3			

*N6999 Thesis Option (3-6 credits)

A description of each of the above courses can be found in the UWG Graduate Catalog.

Full Time _____ or Part Time _____

Scholarly Project _____ or Thesis _____

Choose One:

1. Nurse Educator Track _____

2. Health Systems Leadership Track

A. Leader Manager _____

OR

B. Clinical Nurse Leader _____

Completion of undergraduate statistics must take place during the first semester of study, if this admission criterion has not been met. Undergraduate statistics completed yes _____ no _____

Application for graduation must be made one semester in advance of anticipated graduation. Forms are located on the graduate school website <http://www.westga.edu/~gradsch/admis/>

Students are responsible for reading the MSN Handbook located at the DON website <http://www.westga.edu/~nurs/>

It is the student's responsibility to notify the Assistant Dean of the Graduate Program if the plan of study changes.

Student Mailing Address: _____

Email Address: _____

Phone: (H) _____ (W) _____ (C) _____

Faculty Advisor
10/20/08

Student Signature

Date