

Student Name _____

Student ID _____



SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING
NURSE EDUCATOR ROLE
Part Time Six Semester Plan of Study

Course Number	Course Name	Hours	Course Number	Course Name	Hours
Fall Semester I (7 Hours)			Spring Semester II (5Hours)		
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	N6487	Specialty Nursing Practicum	0-8-2
N6401	Health Promotion & Advanced Health Assessment	2-3-3			
Fall Semester III (6 Hours)			Spring Semester IV (5 Hours)		
N6300	Health Care Delivery Systems	3-0-3	N6501	Role of Nurse as Educator	2-0-2
N6403	Advanced Applied Pharmacology	3-0-3	N6404	Advanced Pathophysiology	3-0-3
Fall Semester V (7 Hours)			Spring Semester VI (6 Hours)		
N6502	Assessment & Instruction in Nursing	2-0-2	N6503	Outcomes Evaluation in Nursing Education	2-0-2
N6587	Nurse Educator Role Practicum I	0-8-2	N6787	Nurse Educator Role Practicum II	0-8-2
N6500	Data Analysis in Nursing	2-0-2	N6987	Evidence Based Project	3-0-3

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*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. **2. Health Systems Leadership Track**
 - A. Leader Manager _____
 - 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
 Rev 4/22/10

Student Signature

Date