

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_



SCHOOL OF NURSING  
**MASTER OF SCIENCE IN NURSING PROGRAM**  
**HEALTH SYSTEMS LEADERSHIP: CLINICAL NURSE LEADER**

Full Time Plan of Study (36 Hours)					
Course Number	Course Name	Hours	Course Number	Course Name	Hours
<b>Fall Semester I (10 Hours)</b>			<b>Spring Semester II (8 Hours)</b>		
N6010	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
N6300	Health Care Delivery Systems	3-0-3	N6404	Advanced Pathophysiology	3-0-3
N6403	Advanced Applied Pharmacology	3-0-3			
<b>Fall Semester III (10 Hours)</b>			<b>Spring Semester IV (8 Hours)</b>		
N6287	CNL Practicum I	0-10-2	N6387	CNL Practicum II	0-20-4
N6602	Problem Solving in Health Systems Leadership	2-0-2	N6603	Outcomes Evaluation in Health Systems Leadership	2-0-2
N6401	Health Promotion & Advanced Health Assessment	2-3-3	N6500	Data Analysis in Nursing	2-0-2
N6989	Evidence-Based 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 \_\_\_\_\_

Evidence-Based 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) \_\_\_\_\_ (WK) \_\_\_\_\_ (C) \_\_\_\_\_

\_\_\_\_\_

Faculty Advisor

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

**This schedule shows a list of planned courses and as such is subject to change. At its sole discretion, the University may revise this schedule and any information contained herein, without advance notice. No contract, either expressly or implied, is created by this schedule.**