

Student Name _____

Student ID _____



SCHOOL OF NURSING

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

Full Time Four Semester Plan of Study (36 Hours)					
Course Number	Course Name	Hours	Course Number	Course Name	Hours
Fall Semester I (10 Hours)			Spring Semester II (9 Hours)		
N6010	Perspectives in Caring in Nursing	1-0-1	N6187	CNL Practicum I	0-5-1
N6100	Theoretical Foundations of Nursing Practice	3-0-3	N6400	Scholarly Inquiry in Nursing	3-0-3
N6300	Health Care Delivery Systems	3-0-3	N6404	Advanced Pathophysiology	3-0-3
N6401	Health Promotion & Advanced Health Assessment	2-3-3	N6601	Role of Nurse as Leader/Manager	2-0-2
Fall Semester III (9 Hours)			Spring Semester IV (8 Hours)		
N6287	CNL Practicum II	0-5-1	N6387	CNL Practicum III	0-20-4
N6403	Advanced Applied Pharmacology	3-0-3	N6603	Outcomes Evaluation in Health Systems Leadership	2-0-2
N6500	Data Analysis in Nursing	2-0-2	N6989	Evidence-Based Project	2-02
N6602	Problem Solving in Health Systems Leadership	2-0-2			
N6989	Evidence-Based Project	1-0-1			

*N6989 Evidence-Based Project is Variable Credit (1-3)

*N6999 Thesis Option is Variable Credit (3-6)

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.