Student Name_____ **Student ID**_____

UNIVERSITY of West Georgia

SCHOOL OF NURSING

MASTER OF SCIENCE IN NURSING PROGRAM
NURSE EDUCATOR ROLE

Full Time Plan (36 Hours)					
Course Number	**Course Name**	**Hours**	**Course Number**	**Course Name**	**Hours**
Fall Semester I (10 Hours)			**Spring Semester II (7 Hours)**		
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	N6487	Specialty Nursing Practicum	0-8-2
N6300	Health Care Delivery Systems	3-0-3	N6501	Role of Nurse as Educator	2-0-2
N6403	Advanced Applied Pharmacology	3-0-3			
Fall Semester III (10 Hours)			**Spring Semester IV (9 Hours)**		
N6401	Health Promotion & Advanced Health Assessment	2-3-3	N6404	Advanced Pathophysiology	3-0-3
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
N6989	Evidence-Based Project	3-0-3	N6500	Data Analysis in Nursing	2-0-2

*N6999 Thesis Option (3-6 credits)

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

Program options:

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) _____ **(W)** _____ **(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.

1/6/10