

Student Name _____

Student ID _____



**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 (10 Hours)		
N6010	Perspectives on Caring in Nursing	1-0-1	N6400	Scholarly Inquiry in Nursing	3-0-3
N6100	Theoretical Foundations of Nursing Practice	3-0-3	N6404	Advanced Pathophysiology	3-0-3
N6300	Health Care Delivery Systems	3-0-3	N6487	Specialty Nursing Practicum	0-8-2
N6401	Health Promotion & Advanced Health Assessment	2-3-3	N6501	Role of Nurse as Educator	2-0-2
Fall Semester III (10 Hours)			Spring Semester IV (6 Hours)		
N6403	Advanced Applied Pharmacology	3-0-3	N6503	Outcomes Evaluation in Nursing Education	2-0-2
N6500	Data Analysis in Nursing	2-0-2	N6787	Nurse Educator Role Practicum II	0-8-2
N6502	Assessment & Instruction in Nursing	2-0-2	N6989	Evidence-Based Project	2-0-2
N6587	Nurse Educator Role Practicum I	0-8-2			
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](#).

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.