

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

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



**SCHOOL OF NURSING**  
**MASTER OF SCIENCE IN NURSING PROGRAM**  
**NURSE EDUCATOR ROLE**  
*Full Time Plan of Study*

Course Number	Course Name	Hours	Course Number	Course Name	Hours
<b>Fall Semester I (10 Hours)</b>			<b>Spring Semester II (7 Hours)</b>		
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
N6300	Health Care Delivery Systems	3-0-3	N6501	Role of Nurse as Educator	2-0-2
N6401	Health Promotion & Advanced Health Assessment	2-3-3			
<b>Fall Semester III (10 Hours)</b>			<b>Spring Semester IV (9 Hours)</b>		
N6403	Advanced Applied Pharmacology	3-0-3	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
N6987	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 \_\_\_\_\_

Scholarly 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