



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

<b><i>Full Time</i> Four Semester Plan of Study (36 Hours)</b>					
Course Number	Course Name	Hours	Course Number	Course Name	Hours
<b><i>Fall Semester I (9 hours)</i></b>			<b><i>Spring Semester II (9 hours)</i></b>		
N6101	Theoretical Foundations of Nursing Practice	3-0-3	N6104	Scholarly Inquiry and Data Analysis in Nursing	3-0-3
N6102	Role of the Caring Healthcare Professional	2-0-2	N6105	Leadership for Quality, Safety and Health Policy	3-0-3
N6103	Health Promotion and Advanced Health Assessment	2-3-3	N6106	Pathophysiology and Pharmacology I	3-0-3
N6900	Scholarly Writing	1-0-1			
<b><i>Fall Semester III (10 hours)</i></b>			<b><i>Spring Semester IV (8 hours)</i></b>		
N6107	Pathophysiology and Pharmacology II	3-0-3	N6108	Epidemiology for Nursing Education and Practice	3-0-3
N6122	Health Systems Leadership CNL Practicum I	0-8-2	N6123	Health Systems Leadership CNL Practicum II	0-20-4
N6124	Health Systems Leadership Role of the CNL	3-0-3	N6125	Health Systems Leadership CNL Seminar	1-0-1
N6109	Informatics, Technology and Healthcare Outcomes	2-0-2			

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

**Once admitted to the program please complete the following:**

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 Certificate Completion must be made one semester in advance of anticipated graduation. Forms are located here: <http://www.westga.edu/registrar/756.php>

Students are responsible for reading the MSN Handbook located at the SON website <http://www.westga.edu/~nurs/>

It is the student's responsibility to notify the Graduate Studies Associate if the plan of study changes.

Student Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (WK) \_\_\_\_\_ (C) \_\_\_\_\_

\_\_\_\_\_  
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.**