

MSCN PROGRAM PLAN

STUDENT'S NAME: _____ **STUDENT NUMBER:** _____

PROGRAMS – Choose a program <u>and</u> one option (if applicable). Ensure that the student meets <u>all</u> the program requirements in the designated time frame.						
Master of Science in Nursing <input type="radio"/>	Master of Science in Nursing/ PHCNP <input type="radio"/>		Master of Science in Nursing with a Specialization in Women's Studies <input type="radio"/>		Master of Science in Nursing for Nurse Practitioners <input type="radio"/>	Diploma in Primary Health Care for Nurse Practitioners <input type="radio"/>
Thesis Option 15 cr core courses, 3 cr elective + Thesis <input type="radio"/>	15 cr core courses	Plus NP courses	Thesis Option 15 cr core courses, 3 cr elective + Thesis	Plus 6 cr FEM	Thesis Option 15 cr core courses + Thesis <input type="radio"/>	30 cr core courses
Clinical Option 21 cr core courses, 9 cr elective <input type="radio"/>			Clinical Option 21 cr core courses <input type="radio"/>			
	FALL		WINTER		SPRING	
COURSE(S) PRIOR TO ADMISSION						
YEAR 1 20____ - 20____						
YEAR 2 20____ - 20____						
YEAR 3 20____ - 20____						
YEAR 4 20____ - 20____						

Student Signature: _____ **Date:** _____

Submit as a service request (under "research related" then "plan of study") on uoZone for approval once completed and signed.