



RHODE ISLAND COLLEGE

SCHOOL OF NURSING - PLAN OF STUDY

A-3

Name _____ ID# _____ Date _____

Address _____ Phone _____

Department: Nursing

Program: Master of Science in Nursing

Clinical Specialty: Adult/Gerontology Acute Care CNS NP

Please submit a signed original to the office of the Dean of the School of Nursing. This form is to be completed by the student with the assistance and approval of the Graduate Adviser. Although an applicant may be recommended for acceptance to a graduate program, the applicant cannot be considered as an officially accepted degree candidate until an approved Plan of Study is on file in the office of the Dean of the School of Nursing. Changes in the Plan of Study can be made with the graduate adviser's approval by completing the **Request for Changes in the Plan of Study form**.

PLAN OF STUDY

<u>DEPT.</u>	<u>COURSE NO.</u>	<u>COURSE TITLE</u>	<u>CREDITS</u>
NURS	501	Advanced Nursing Research	3
NURS	502	Health Care Systems	3
NURS	503	Professional Role Development	3
NURS	504	Advanced Pathophysiology	3
NURS	505	Advanced Pharmacology	3
NURS	506	Advanced Health Assessment	3
NURS	512	Genetic and Genomics	3
NURS	510	Adult Health/Illness I	3
NURS	530	Synergy Model for CNS Practice	3
<u>or</u>			
NURS	540	Differential Diagnosis for Nurse Practitioners	3
NURS	610	Adult Health/Illness II	6
NURS	620	Adult Health/Illness III	6
NURS	509	Professional Project Seminar	1
NURS	609	Master's Major Project	2
<u>Electives:</u>			<u>3</u>

Credits transferred: _____

TOTAL for Program _____ 45

***Master's Major Project is required for program completion.**

Student _____ Date _____

Advisor _____ Date _____

Master's Program Director _____ Date _____

Dean, School of Nursing _____ Date _____