



RHODE ISLAND COLLEGE
SCHOOL OF NURSING
PLAN OF STUDY

Name _____ ID# _____ Date _____

Address _____ Phone _____

Department: Nursing

Program: Master of Science in Nursing

Clinical Specialty: Population/Public Health Nursing

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
HPE	507	Epidemiology and Health Statistics	3
NURS	508	Public Health Science	3
NURS	512	Genetics and Genomics	3
NURS	509	Professional Project Seminar I	1
NURS	511	Population/Public Health Nursing I	6
NURS	609	Professional Project Seminar II	2
NURS	611	Population/Public Health Nursing II	6
NURS	621	Population/Public Health Nursing III	6
Electives:			3

Credits transferred

TOTAL for Program 42

Thesis/Project required for program completion

Student _____ Date _____

Advisor _____ Date _____

Master's Program Coordinator _____ Date _____

Dean, School of Nursing _____ Date _____

cc: Records Office

Student