



SCHOOL OF NURSING - PLAN OF STUDY

Name \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Department: Nursing

Program: Doctor of Nursing Practice

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

Table with 4 columns: DEPT., COURSE NO., COURSE TITLE, CREDITS. Lists nursing courses 701-709 and 710-750 with their respective credit values.

Credits transferred: \_\_\_\_\_

TOTAL for Program \_\_\_\_\_ 36

Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

DNP Program Director \_\_\_\_\_ Date \_\_\_\_\_

Dean, School of Nursing \_\_\_\_\_ Date \_\_\_\_\_