



SCHOOL OF NURSING – CGS PLAN OF STUDY

Name _____ ID# _____ Date _____

Address _____ Phone _____

Department: Nursing

Program: Certificate of Graduate Studies

Clinical Specialty: Nursing Care Management

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	518	Nursing Care Management	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

Credits transferred _____

TOTAL for Certificate: 15

Student _____ Date _____

Advisor _____ Date _____

Master's Program Director _____ Date _____

Dean, School of Nursing _____ Date _____

cc: Records Office
Student