



GRADUATE STUDIES  
AT  
WESTERN CONNECTICUT  
STATE UNIVERSITY

**MASTER OF SCIENCE IN NURSING  
Advanced Practice: Clinical Nurse Specialist**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

**FOUNDATIONAL CORE (11 S.H.)**

**SEMESTER HOURS**

NUR 501 Theoretical Basis of Nursing Practice	3 S.H. _____
NUR 502 Contemporary Issues in Health Care Delivery	2 S.H. _____
NUR 504 Nursing Research	3 S.H. _____
NUR 511 Foundations of Clinical Nursing Practice	3 S.H. _____

**ROLE (21 S.H.)**

NUR 515 Advanced Pathophysiology	3 S.H. _____
NUR 570 Advanced Clinical Pharmacology	3 S.H. _____
<i>(Prerequisite NUR 515 or permission of the nursing department chair)</i>	
NUR 575 Advanced Health Assessment	3 S.H. _____
<i>(Prerequisite NUR 501, 504, 511, 515)</i>	
NUR 580 Nursing Management of the Acutely Ill Adult	2 S.H. _____
<i>(Prerequisite NUR 501, 504, 511, 515, 570, 575, approved thesis proposal on file, Co-requisite: NUR 583)</i>	
NUR 583 The Clinical Nurse Specialist: Acutely Ill Adult Practicum	4 S.H. _____
<i>(Prerequisite NUR 501, 504, 511, 515, 570, 575, approved thesis proposal on file, Co-requisite: NUR 580)</i>	
NUR 585 Nursing Management of the Chronically Ill Adult	2 S.H. _____
<i>(Prerequisite NUR 501, 504, 515, 570, 575, 580, 582 or 583 or permission of the MS coordinator, approved thesis proposal on file, Co-requisite: NUR 587)</i>	
NUR 587 The Clinical Nurse Specialist: Chronically Ill Adult Practicum	4 S.H. _____
<i>(Prerequisite NUR 580, 583, Co-requisite: NUR 585)</i>	

**ROLE SUPPORT (4 S.H.)**

NUR 590 Professional Role Enactment	4 S.H. _____
<i>(Prerequisite: Completion of Foundational Core and Role Requirements)</i>	

**THESIS COMPLETION (0 S.H.) [Required]**

Date \_\_\_\_\_

**TOTAL SEMESTER HOURS  
TOTAL CLINICAL HOURS**

36 S.H.  
540 hours

Changes in this schedule can be made only with the Graduate Program Coordinator's approval. The admission requirements have been explained to me and I understand my obligation to read the Graduate catalog.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

8/97, 7/99, 03/06, 8/10