



GRADUATE STUDIES

AT
WESTERN CONNECTICUT
STATE UNIVERSITY

**MASTER OF SCIENCE IN NURSING
Advanced Practice: Adult Nurse Practitioner**

Name: _____ Date: _____

Address: _____

E-mail 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. _____
NUR 575 Advanced Health Assessment	3 S.H. _____
NUR 580 Nursing Management of the Acutely Ill Adult	2 S.H. _____
NUR 582 The Adult Nurse Practitioner: Acutely Ill Adult Practicum	4 S.H. _____
NUR 585 Nursing Management of the Chronically Ill Adult	2 S.H. _____
NUR 588 The Adult Nurse Practitioner: Chronically Ill Adult Practicum	4 S.H. _____

ROLE SUPPORT (4 S.H.)

NUR 590 Professional Role Enactment	4 S.H. _____
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THESIS COMPLETION (0 S.H.) [Required] _____ Date: _____

TOTAL SEMESTER HOURS 36

TOTAL CLINICAL HOURS 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: _____

9/97, 12/00, 03/06