

WESTERN CONNECTICUT STATE UNIVERSITY

Department of Nursing

MASTER OF SCIENCE IN NURSING

Advanced Practice: Adult - Gerontology Primary Care Nurse Practitioner (AGPCNP/A-GNP) Program Plan

Name: _____ Date: _____
Address: _____
E-mail Address: _____
Home Phone: _____ Cell Phone _____

FOUNDATIONAL CORE (11 S.H.)

SEMESTER HOURS

Table with 2 columns: Course Name and Semester Hours. Rows include NUR 501 (3 S.H.), NUR 507 (2 S.H.), NUR 504 (3 S.H.), and NUR 511 (3 S.H.).

ROLE (23 S.H.)

Table with 2 columns: Course Name and Semester Hours. Rows include NUR 515 (3 S.H.), NUR 570 (3 S.H.), NUR 575 (3 S.H.), NUR 580 (2 S.H.), NUR 582 (5 S.H.), NUR 585 (2 S.H.), and NUR 588 (5 S.H.).

ROLE SUPPORT (7 S.H.)

Table with 2 columns: Course Name and Semester Hours. Row includes NUR 590 (7 S.H.).

TOTAL SEMESTER HOURS 41 credits
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: _____

Approved: Programs Committee 4/17/13:DON 4/13; UPBC 9/13; Grad Council 9/13; AVP 4/14 Reviewed and approved: MS committee 9/20; Programs Committee 10/20:DON 11/20; PRC 2/20; Grad Council 3/20