REGIS COLLEGE SCHOOL OF NURSING, SCIENCE AND HEALTH PROFESSIONS
MASTER OF SCIENCE NURSE PRACTITIONER PROGRAM – ADULT-GERIATRIC

Name ___________________________________________ Student ID ____________________________

Reviewed with/without official transcript Reviewer/Interviewer ________________________Date_____

Statistics Requirement: Grade __________________ Where taken ______________________________

GRE/MAT (May be Waived) ___________________ Expected Date of Graduation __________________

Semester Grade

BI 612 Advanced Pathophysiology (3 Credits)
NU 601 Nursing Theory (3 Credits)
HP 609 Health Policy, Politics, and Perspectives (3 Credits)
NU 620 Clinical Pharmacology I (3 Credits) BI 612 Recommended Prerequisite
NU 630 Adv. Nursing Research (3 Credits) Prerequisite NU 601
NU 641 Adv. Clinical Pharmacology II (3 Credits) Prerequisites BI 612
NU 620 (Must be taken fall or spring prior to Primary Care)
NU 642 Management Concepts for Adv. Practice (3 Credits)

Summer Prior to Primary Care

NU 650 Adv. Health Assessment (3 Credits) (Must be taken summer before Primary Care)
NU 669 Family Systems Theory (3 Credits)

All the above courses must be completed before entering Primary Care Sequence w/exception of HP 609 & NU 642

Fall

HP 626 Sociological, Political and Economic Perspectives in Aging 3 Credits
(must be taken in conjunction with NU 664)
NU 664E Primary Care of the Adult-Geriatric Client
( Includes 300 hours of clinical) 8 Credits

Spring

NU 665E Primary Care of the Adult-Geriatric Client 8 Credits
( Includes 300 hours of clinical)
NU 668 Role & Issues Must be taken concurrent with NU 665 2 Credits

MS EARNED HERE Total 48 Credits

I have read the entire curriculum plan as outlined for me on __________. In the event that I must deviate from the plan as outlined, I am aware that I must meet with my advisor to revise the plan before registering for any subsequent classes.

Signature: ___________________________________________________________ Date: ____________________________

☐ Copy of Curriculum Plan given to Student Revision Dates: ________________________

Student Name: ___________________________ Student ID ____________________________

IT IS THE STUDENT’S RESPONSIBILITY TO OBTAIN OFFICIAL TRANSCRIPTS AND MEET COLLEGE CRITERIA FOR GRADUATION

List of Required Official Transcript(s)

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