REGIS COLLEGE SCHOOL OF NURSING, SCIENCE AND HEALTH PROFESSIONS
MASTER OF SCIENCE NURSE PRACTITIONER PROGRAM – FAMILY

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
and 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
    ______  ______ Graduate Elective 3 Credits
    ______  ______ NU 664A Primary Care of the Family (Includes 300 hours of clinical) 8 Credits

Spring
    ______  ______ NU 665E Primary Care of the Family (Includes 300 hours of clinical) 8 Credits
    ______  ______ 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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4/28/14