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 629 Health Promotion and Disease Prevention (3 Credits)
______________________ ____________ NU 630 Adv. Nursing Research (3 Credits) Prerequisite NU 601
______________________ ____________ NU 641 Adv. Clinical Pharmacology II (3 Credits) Prerequisite BI 612
(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 643 Advanced Psychopharmacology (3 Credits) (Must be taken summer before Primary Care)

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

Fall
______________________ ____________ NU 664C Primary Care of Psych-Mental Health (Includes 300 hours of clinical) 8 Credits
______________________ ____________ NU 646 Theory and Practice of Contemporary Psychotherapies
(must be taken in conjunction with NU 664) 3 Credits

Spring
______________________ ____________ NU 665C Primary Care of Psych-Mental Health (Includes 300 hours of clinical) 8 Credits
______________________ ____________ NU 668 Role & Issues (2 Credits) Must be taken concurrent with NU 665

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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