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

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 I (3 Credits) BI 612 Recommended Prerequisite.
________ ______ NU 630 Adv. Nursing Research (3 Credits) Prerequisite NU 601
________ ______ NU 605 Concepts in Nursing Leadership (3 Credits)
________ ______ NU 641 Adv. Clinical Pharmacology II (3 Credits) Prerequisites BI 612
(Must be taken fall or spring prior to Primary Care)

Summer Prior to Primary Care
________ ______ NU 650 Adv. Health Assessment (3 Credits)
________ ______ NU 646 Theory and Practice of Contemporary Psychotherapies (3 credits)
(Must be taken before Primary Care)

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

Fall
________ ______ NU 664C Primary Care of Psych-Mental Health (Includes 300 hours of clinical) 8 Credits
________ ______ NU 643 Advanced Psychopharmacology 3 Credits
(must be taken in conjunction with NU 664)

Spring
________ ______ NU 665C Primary Care of Psych-Mental Health (Includes 300 hours of clinical) 8 Credits
________ ______ NU 668 Role & Issues (3 Credits) Must be taken concurrent with NU 665

MS EARNED HERE Total 49 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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