

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - MSN - Community & Rural/Frontier Health (5200)
School of Nursing

Student Name: _____

ID# _____

Address: _____

Telephone: _____

(Please include street, city, state, & zip code)

Email: _____

Advisor: _____

Intake Interview Date: _____

Date Admitted to Graduate School: _____

Catalog Authority: 2019-20 _____

Date Admitted to MSN Program: _____

Expected Completion: _____

Core Requirements

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
NUR 501 Theory/Science of Nursing (3)	_____	_____	BSAD 506 Srv Fnc Topics/Hlth (3)	_____	_____
NUR 502 Resrch Utilization for EBP (3)	_____	_____	NUR 507 Issues Contemp Hlthcr env (3)	_____	_____
NUR 503 Inov Informatics Hlth Tech (3)	_____	_____	NUR 520 Epidemiology/Pop Hlth (3)	_____	_____
NUR 505 Advanced Pathophysiology (3)	_____	_____	NUR 595 Prof Dev Adv Prac Nsg I (3)	_____	_____
NUR 515 Advanced Pharmacology (3)	_____	_____	NUR 596 Prof Dev Adv Prac Nsg II (3)	_____	_____
NUR 510 Advanced Hlth Assessment (3)	_____	_____			

Total Credit Hours: _____
(33 hours required.)

Copy to Registrar on date: _____

Grad. Audit sent on date: _____

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Assoc. Dean, Nursing: _____

Date: _____

Assoc. VP, Academic Affairs: _____

Date: _____

Dir of Graduate Division: _____

Date: _____

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree