

PROGRAM PLAN

STUDENT'S NAME: _____

STUDENT NUMBER: _____

PROGRAMS – Choose a program and one option (if applicable). Ensure that the student meets all the program requirements in the designated time frame.

Doctorate in Nursing

15 credits of core courses
Comprehensive Exam + **Thesis**

	FALL	WINTER	SPRING
COURSE(S) PRIOR TO ADMISSION			
YEAR 1 20____ - 20____			
YEAR 2 20____ - 20____			
YEAR 3 20____ - 20____			
YEAR 4 20____ - 20____			

Student signature: _____ Date: _____

Graduate Studies Office: _____ Date: _____

(Submit to the Academic Administrative Officer, RGN 2016, once completed and signed)