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.

Master of Science in Nursing	Master of Science in Nursing / PHCNP	Master of Science in Nursing with a Specialization in Women's Studies	Master of Science in Nursing for Nurse Practitioners	Diploma in Primary Health Care for Nurse Practitioners
○	○	○	○	○
Thesis Option 15 cr core courses, 3 cr elective + Thesis ○	15 cr core courses Plus NP courses	**Thesis Option** 15 cr core courses, 3 cr elective + Thesis Plus 6 cr FEM	**Thesis Option** 15 cr core courses + Thesis ○	30 cr core courses
Clinical Option 21 cr core courses, 9 cr elective ○			**Clinical Option** 21 cr core courses ○	

	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)

Revised May 2013