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

<table>
<thead>
<tr>
<th>Master of Science in Nursing</th>
<th>Master of Science in Nursing / PHCNP</th>
<th>Master of Science in Nursing with a Specialization in Women’s Studies</th>
<th>Master of Science in Nursing for Nurse Practitioners</th>
<th>Diploma in Primary Health Care for Nurse Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 cr core courses</td>
<td>15 cr core courses, 3 cr elective + Thesis</td>
<td>15 cr core courses, 3 cr elective + Thesis</td>
<td>15 cr core courses + Thesis</td>
<td>30 cr core courses</td>
</tr>
<tr>
<td>Clinical Option</td>
<td>Clinical Option</td>
<td>Thesis Option</td>
<td>Thesis Option</td>
<td>Clinical Option</td>
</tr>
<tr>
<td>21 cr core courses, 9 cr elective</td>
<td></td>
<td>Plus NP courses</td>
<td>Plus 6 cr FEM</td>
<td>21 cr core courses</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**YEAR 1**

- **FALL**: 20__ - 20__
- **WINTER**: 20__ - 20__
- **SPRING**: 20__ - 20__

**YEAR 2**

- **FALL**: 20__ - 20__
- **WINTER**: 20__ - 20__
- **SPRING**: 20__ - 20__

**YEAR 3**

- **FALL**: 20__ - 20__
- **WINTER**: 20__ - 20__
- **SPRING**: 20__ - 20__

**YEAR 4**

- **FALL**: 20__ - 20__
- **WINTER**: 20__ - 20__
- **SPRING**: 20__ - 20__

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Student Signature: ____________________________ Date: ________________

Graduate Studies Office: ____________________________ Date: ________________

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

Revised May 2013