

UNIVERSITY OF HOUSTON
COLLEGE OF NURSING
MASTER OF SCIENCE IN NURSING DEGREE PLAN

NAME: _____
 STUDENT NUMBER: _____
 CATALOG YEAR: _____ 2022-2023 _____
 DATE OF ADMISSION: _____
 CONDITIONS OF ADMISSION: _____

FOR OFFICE USE ONLY	
G.P.A.	
GRE or Miller Analogies Test (MAT)	
Personal Essay	
Recommendations	
Interview	

IN SIGNING THIS DEGREE PLAN, I ACKNOWLEDGE THAT I AM AWARE OF AND WILL BE BOUND BY THE FOLLOWING POLICIES:

- **I am familiar** with the mission of this program and will comply with the expectations outlined in the university catalog, new student orientation, and student handbook.
- **I am responsible** for maintaining high standards of academic honesty and ethical behavior as outlined on my course syllabi and in the student handbook and will be sanctioned for falling below these standards.
- **I will receive** a photocopy of my official degree plan with all signatures that I may use to track my own progress in the program. Should I have questions about my enrollment, I am responsible for contacting my advisor to resolve these questions.
- **I am responsible** for verifying that I have completed the appropriate prerequisites for my courses, and I understand that my instructors have the discretion to administratively withdraw me from their courses should they discover that I have not completed the prerequisites. In this event, I will have no recourse and will not be eligible for a refund of tuition and fees associated with the course.
- **I must have** a grade point average of 3.0 or higher in order to satisfy graduation requirements.
- **I may transfer** a maximum of 9 hours of coursework from another institution with the prior written approval of my advisor provided I earn a B or better in such coursework.
- **I am responsible** for complying with College of Nursing policies, registration deadlines, financial aid deadlines, and tuition and fees deadlines.
- **I am responsible** for applying for graduation by the published deadline for the semester in which I will complete degree requirements.
- **Should I discontinue my enrollment** at UH for 9 or more consecutive months for reasons other than involuntary military service, this degree plan will be invalid and a new degree plan complying with the current academic year's catalog must be filed.
- **Should degree requirements change** during my enrollment, at the discretion of the dean I may be required to comply with these changes provided that they will not appreciably increase the total credits I must complete to graduate.
- **I am responsible** for visiting the College of Nursing web page (www.uh.edu/nursing) regularly for important updates, and for ensuring that the College of Nursing has correct contact information for me at all times.

This document is official only when it bears all signatures. The student is responsible for fulfilling all requirements of this degree plan.

CONCENTRATION

Family Nurse Practitioner (Additional course work may be taken for Nurse Education Certificate)

Student Signature _____ Date _____

Dean, School of Nursing _____

Faculty Advisor _____ Date _____

FOR OFFICE USE ONLY							
MSN REQUIRED COURSES	Courses/ Subs	Hrs. req'd	Semester/ Date	COMPLETED			Prerequisites, restrictions and/or remarks
				Transfer	UH	Total	
	NURS 6301	3					NURS 6332
	NURS 6306	3					
	NURS 6320	3					NURS 6306
	NURS 6332	3					
	NURS 6333	3					
	Family Nurse Practitioner						
ACADEMIC CONCENTRATION	NURS 6230	2					College of Nursing Graduate Admission
	NURS 6330	3					
	NURS 6331	3					
	NURS 6335	3					NURS 6330, NURS 6331, NURS 6338; co-requisite NURS 6336
	NURS 6336	3					NURS 6330, NURS 6331, NURS 6338; co-requisite NURS 6335
	NURS 6338	3					
	NURS 6345	3					NURS 6330, NURS 6331, NURS 6338, NURS 6335, NURS 6336; co-requisite NURS 6346
	NURS 6346	3					NURS 6330, NURS 6331, NURS 6338, NURS 6335, NURS 6336; co-requisite NURS 6345
	NURS 6355	3					NURS 6330, NURS 6331, NURS 6338, NURS 6335, NURS 6336, NURS 6345, NURS 6346; co-requisite NURS 6356
	NURS 6356	3					NURS 6330, NURS 6331, NURS 6338, NURS 6335, NURS 6336, NURS 6345, NURS 6346; co-requisite NURS 6355
	NURS 6366	3					NURS 6230, NURS 6330, NURS 6331, NURS 6338, NURS 6335, NURS 6336, NURS 6345, NURS 6346, NURS 6355, NURS 6356
	Minimum additional hours of coursework for Nurse Education Certificate (not required to complete MSN degree requirements for graduation)						
	N6312	3					NURS 6301, NURS 6306, NURS 6332
	N6313	3					NURS 6306
	N6314	3					NURS 6306