## By typing my name in this highlighted section, I agree that: This serves as my electronic signature for my program **Student Signature:** of study (POS). I have reviewed and understand my POS and agree to Date: If a change is needed, I am also agreeing to contact my advisor for a revised POS. Clinical Semester/Year **Course Number & Title Contact Hours\*** Hours **YEAR ONE** Semester 1 (SUMMER) Perspectives of Advanced Nursing NRSG 5500 2-0-2 Summer Practice Semester 2 (FALL) Advanced Physiology & NRSG 6300 3-0-3 Fall Pathophysiology NRSG 5480 **Advanced Nursing Assessment** 2-3-1 45 Fall Semester 3 (SPRING) NRSG 6120 **Implementing Educational Programs** 90 3-6-5 Spring in Nursing NRSG 6120L **Applied** NRSG 5800 3-0-3 Spring Pharmacology YEAR TWO Semester 4 (SUMMER) NRSG 6125 Curriculum Design and Evaluation 3-0-3 Summer Semester 5 (FALL) Simulation & Technology in Nursing NRSG 6121 3-9-6 Fall 135 NRSG 6121L Education **Graduate Nursing** NRSG 6500 1-0-1 Fall Practicum Development

Semester 6 (SPRING)				
NRSG 6551 NRSG 6551L	Graduate Nursing Practicum	2-12-6	180	Spring
	Total Hours	39 Credit Hours	450 Clinical Hours	