



GRADUATE STUDIES
AT
WESTERN CONNECTICUT
STATE UNIVERSITY

MASTER OF SCIENCE IN NURSING
Advanced Practice: Clinical Nurse Specialist

Name: _____ Date: _____

Address: _____

Home Phone No. _____ Work Phone No. _____

FOUNDATIONAL CORE (11 S.H.)	SEMESTER HOURS
NUR 501 Theoretical Basis of Nursing Practice	3 S.H. _____
NUR 502 Contemporary Issues in Health Care Delivery	2 S.H. _____
NUR 504 Nursing Research	3 S.H. _____
NUR 511 Foundations of Clinical Nursing Practice	3 S.H. _____
ROLE (21 S.H.)	
NUR 515 Advanced Pathophysiology	3 S.H. _____
NUR 570 Advanced Clinical Pharmacology	3 S.H. _____
NUR 575 Advanced Health Assessment	3 S.H. _____
NUR 580 Nursing Management of the Acutely Ill Adult	2 S.H. _____
NUR 583 The Clinical Nurse Specialist: Acutely Ill Adult Practicum	4 S.H. _____
NUR 585 Nursing Management of the Chronically Ill Adult	2 S.H. _____
NUR 587 The Clinical Nurse Specialist: Chronically Ill Adult Practicum	4 S.H. _____
ROLE SUPPORT (4 S.H.)	
NUR 590 Professional Role Enactment	4 S.H. _____
THESIS COMPLETION (0 S.H.) [Required]	Date _____
TOTAL SEMESTER HOURS	<u>36 S.H.</u>
TOTAL CLINICAL HOURS	540 hours

Changes in this schedule can be made only with the Graduate Program Coordinator's approval. The admission requirements have been explained to me and I understand my obligation to read the Graduate catalog.

Student's Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____