

# UNIVERSITY of HOUSTON

## COLLEGE of NURSING

### MASTER OF SCIENCE IN NURSING DEGREE PLAN

NAME: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

CATALOG YEAR: 2019

DATE OF ADMISSION: Fa 19

CONDITION(S) OF ADMISSION: \_\_\_\_\_

FOR OFFICE USE ONLY	
G.P.A.	
GRE	
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 hand book, 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 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](http://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

#### Nurse Administration

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

Student Signature	Date	Dean, College of Nursing	Date
Faculty Advisor	Date	Institutional Validation (Registrar)	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 6306		3					
NURS 6320		3					
NURS 6332		3					
NURS 6333		3					
NURS 6351		3					Capstone course taken in final semester
ACADEMIC CONCENTRATION	<b>Nurse Administration</b>						
	NURS 6309		3				
	NURS 6316		3				
	NURS 6317		3				NURS 6316
	NURS 6318		3				
	NURS 6319		3				
	NURS 6321		3				NURS 6309, NURS 6316, 6318, and 6319
	<b>Total Sem. Hrs.</b>		<b>36</b>				
	<b>Additional hours of coursework for Nurse Education Certificate (not required to complete MSN degree requirements for graduation)</b>						
	NURS 6312		3				
NURS 6313		3					NURS 6306
NURS 6314		3					NURS 6306