

Georgia College & State University School of Nursing
Nurse Educator Master of Science in Nursing
Part-Time Program of Study—9 Semesters

Student Name:	GCSU ID:
Nurse Educator Coordinator/Advisor:	
Term of Entry: Summer 2025	Expected Graduation: Spring 2028

Course Number & Title		Contact Hours*	Clinical Hours			Semester
			IPC***	DPC***	TOTAL	
YEAR ONE						
Semester 1 (Summer)						
NRSG 6410	Nursing Theory: Principles & Applications	2-0-2				Summer 2025
Semester 2 (Fall)						
NRSG 5480 & NRSG 5480L	Advanced Nursing Assessment/Lab	2-3-3	45	0	45	Fall 2025
NRSG 5500	Perspectives of Advanced Nursing Practice	2-0-2				Fall 2025
Semester 3 (Spring)						
NRSG 5600	Healthcare Research & Statistical Analysis	3-0-3				Spring 2026
NRSG 6300	Advanced Physiology & Pathophysiology	3-0-3				Spring 2026
YEAR TWO						
Semester 4 (Summer)						
NRSG 5800	Applied Pharmacology	3-0-3				Summer 2026
Semester 5 (Fall)						
NRSG 6110	Ensuring Healthcare Safety and Quality	2-0-2				Fall 2026
Semester 6 (Spring)						
NRSG 6120 & NRSG 6120L	Implementing Educational Programs in Nursing	2-6-4	90	0	90	Spring 2027
YEAR THREE						
Semester 7 (Summer)						
NRSG 6125	Curriculum Design and Evaluation	3-0-3				Summer 2027
Semester 8 (Fall)						
NRSG 6121 & NRSG 6121L	Advanced Clinical Practice	1-3-2	0	45	45	Fall 2027
HSCS 6500	Simulation Essentials 1	3-6-5	90	0	90	Fall 2027
Semester 9 (Spring) For the practicum semester, students will enroll in a total of 7 credit hours from the following courses. HSCS 6501 is optional.						
HSCS 6501**	Simulation Essentials II (optional)	1-6-3	90	0	90	Spring 2028
NRSG 6551 & NRSG 6551L	Graduate Nursing Practicum	2-(6-15) (4-7)	90-225	0	90-225	Spring 2028
TOTAL HOURS		39		45	450-595	

*NOTE: (2-4-3) in the "contact hours" column indicates 2 hours lecture, 4 hours laboratory, and 3 hours credit.

**If students choose to complete the Simulation Certificate, students will enroll in HSCS 6502 Summer semester (1-6-3) post-graduation.

***IPC=Indirect Patient Contact; DPC=Direct Patient Contact

Typing my name below serves as an electronic signature. By signing, I am attesting that:

- I have reviewed and understand my POS and agree to follow it.
- If a change is required (i.e. any course failure, withdrawal, etc.), I must contact my assigned advisor for assistance with updating the program of study.

Student Signature:

Date: