

**Georgia College School of Nursing
MSN to DNP Program of Study
Part-Time Program – 9 Semesters**

Student Name:	GCSU ID:
DNP Coordinator/Advisor 1:	Secondary Advisor:
Term of Entry:	Expected Graduation:
Transferred Clinical Hours: (may bring in up to 820)	

Course Number and Title		Contact hours	Clinical Hours			Semester
			IPC	DPC	Tot	
YEAR ONE						
Semester 1 (Summer)						
NRSG 5400	Foundations of Scholarly Writing (New course)	2-0-2				
NRSG 5450	Leadership, Role, and Collaboration (New Course)	4-0-4				
Semester 2 (Fall)						
NRSG 6900	Independent Study (as needed)	Variable Credit	Total hours awarded			
NRSG 8525	Health Systems, Policy, and Finance	3-0-3				
Semester 3 (Spring)						
NRSG 8300	Evidenced Based Practice I (Modified Hours)	4-0-4				
NRSG 8410	Epidemiology	2-0-2				
YEAR TWO						
Semester 4 (Summer)						
NRSG 5460	Health Promotion, Theory, and Population Health	3-0-3				
Semester 5 (Fall)						
NRSG 8510	Informatics: Analytic Tools for Clinical Decision Making	2-0-2				
NRSG 9300 and NRSG 9300 Lab	Evidenced Based Practice II (Modified Hours)	3-4-4	60	0	60	
Semester 6 (Spring)						
NRSG 9400 and NRSG 9400 Lab	Evidence-Based Practice III	3-4-4	60	0	60	
YEAR THREE						
Semester 7 (Summer)						
NRSG 6900	Independent Study (as needed)	Variable Credit			Total hours awarded	
Semester 8 (Fall)						
NRSG 9310 and NRSG 9310 Lab	DNP -Translational and Clinical Research I – Implementation	1-8-3	90	0	120	
NRSG 8420	Applied Statistical Methods for Healthcare Research	3-0-3				
NRSG 6900	Independent Study (as needed)	Variable Credit			Total hours awarded	

**Georgia College School of Nursing
MSN to DNP Program of Study
Part-Time Program – 9 Semesters**

Student Name:	GCSU ID:
DNP Coordinator/Advisor 1:	Secondary Advisor:
Term of Entry:	Expected Graduation:
Transferred Clinical Hours: (may bring in up to 820)	

Semester 9 (Spring)						
NRSG 9320 and NRSG 9320 Lab	DNP - Translational and Clinical Research II - Evaluation (Modified Hours)	1-8-3	120	0	120	
NRSG 6900	Independent Study (as needed)	Variable Credit			Total hours awarded	
Total Hours		37+ credit hours	360		Total must >1000	

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: