## Georgia College School of Nursing Master of Science in Nursing Women's Health Nurse Practitioner

**Part-Time** Program of Study—9 Semesters

Student Name:	GCSU ID:	
FNP Coordinator/Advisor:		
Term of Entry:	Expected Graduation:	

	Course Number and Title	Contact Hours*	Clinical Hours	Semester	
YEAR ONE					
Semester 1 (Summer)					
NRSG 5500	Perspectives of Advanced Nursing Practice	2-0-2			
Semester 2 (Fall)					
NRSG 6410	Nursing Theory: Principles & Applications	2-0-2			
NRSG 5480/L	Advanced Nursing Assessment/Lab	2-3-3	45		
Semester 3 (Spring)					
NRSG 6110	Ensuring Healthcare Safety and Quality	2-0-2			
YEAR TWO					
Semester 4 (Summer)					
NRSG 5600	Healthcare Research & Statistical Analysis	3-0-3			
Semester 5 (Fa	all)				
NRSG 6300	Advanced Physiology & Pathophysiology	3-0-3			
Semester 6 (Spring)					
NRSG 7300/L	Women's Health I	2-9-5	135		
NRSG 5800	Applied Pharmacology	3-0-3			
YEAR THREE					
Semester 7 (Summer)					
NRSG 7310/L	Women's Health II	2-9-5	135		
NRSG 7320	Unique Women's Health Issues	1-0-1			
Semester 8 (Fa	all)				
NRSG 7330/L	Women's Health III	2-9-5	135		
Semester 9 (Sp	pring)				
NRSG 7500/L	Women's Health Residency	1-15-6	225		
	TOTAL HOURS	40 Credit Hours	675 Clinical Hours		

\*NOTE: (2-4-3) following the course title indicates 2 hours lecture, 4 hours laboratory, and 3 hours credit.

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: