



HOUSTON CHRISTIAN UNIVERSITY DEGREE PROGRAM PLAN
Master of Science in Nursing Degree Plan (MSN)
Family Nurse Practitioner

NAME: _____ H# _____
Last First Middle

LOCAL ADDRESS: _____
Street City/State Zip Code

DAY PHONE: _____ CELL PHONE: _____ EVENING PHONE: _____

CATALOG YEAR: **2023/2024**

DATE: _____

DEGREE REQUIREMENTS:

To earn a Master of Science in Nursing (Family Nurse Practitioner) degree a student must complete the following 46 hours:

Course Number	Course Name	HOURS
NURS 5300	Theory Integration	3
NURS 5309	Research Integration	3
NURS 5302	Leadership for Quality, Safety and Health Policy	3
NURS 5303	Advanced Pathophysiology	3
NURS 5304	Advanced Pharmacology	3
NURS 5305	Advanced Health Assessment	3
NURS 5500/5000	FNP Adult Health I / FNP Adult Health I Clinical	5
NURS 5501/5001	FNP Adult Health II / FNP Adult Health II Clinical	5
NURS 5323/5023	Growth & Development Across the Lifespan / Growth & Development Across the Lifespan Clinical	3
NURS 5229	Advanced Role	2
NURS 5306	Advanced Diagnostics & Skills	3
NURS 5420	Advanced Practicum	4
NURS 5335/5035	FNP Woman's Health/FNP Woman's Health Clinical	3
NURS 5336/5036	FNP Pediatric Health/FNP Pediatric Health Clinical	3
TOTAL HOURS		46

DEGREE REQUIREMENTS FOR GRADUATION:

No grade below "B".

Overall GPA of 3.00 or above

Candidate must complete degree within five years

No more than 6 semester hours on transfer from another college, or university

ADVISOR _____ DATE _____

DEAN, SCHOOL OF NURSING _____ DATE _____

I HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN

STUDENT SIGNATURE _____ DATE _____

THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF ACADEMIC RECORDS

PROCESSED BY _____ DATE _____