**HOUSTON CHRISTIAN UNIVERSITY DEGREE PLAN**
**MASTER OF SCIENCE IN NURSING (MSN) NURSE LEADER**
**CATALOG YEAR: 2024-2025**

**NAME:** _____ **H#:** _____ **DATE:** _____

**Candidates for an MSN must complete a total of at least 35 credit hours along with the following requirements:**

- No more than 6 semester hours on transfer from another college or university
- No grade below a "B"
- Cumulative GPA of at least 3.00
- Candidate must complete the degree within five years

**DEGREE REQUIREMENTS**

| COURSE # | COURSE NAME | HOURS |
|---|---|---|
| NURS 5300 | Theory Integration | 3 |
| NURS 5309 | Research Integration | 3 |
| NURS 5302 | Leadership for Quality, Safety, & Health Policy | 3 |
| NURS 5308 | Advanced Patho-Pharmacology | 3 |
| NURS 5307 | Advanced Healthcare Informatics | 3 |
| NURS 5316 | Leadership Roles & Operations | 3 |
| NURS 5326/5026 | Healthcare Operations Immersion / Clinical | 3 |
| NURS 5318 | Healthcare Finance | 3 |
| NURS 5322 | Advanced Health Assessment & Leadership for Population Health | 3 |
| NURS 5400 | Organizational Theory & Culture | 4 |
| NURS 5401 | Nurse Leader Residency | 4 |
| | | |
| | **TOTAL HOURS IN DEGREE** | **35** |

**BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ABIDE BY ALL REQUIREMENTS ON THE DEGREE PLAN. THIS DEGREE PLAN IS NOT VALID UNTIL RECEIVED & PROCESSED BY THE OFFICE OF ACADEMIC RECORDS.**

_____ _____
**STUDENT SIGNATURE** **DATE**

_____ _____
**ACADEMIC ADVISOR** **DATE**

_____ _____
**DEAN OF COLLEGE** **DATE**

*Office of Academic Records Use Only*
**Processed by:** _____ **Date:** _____

OFFICIAL DEGREE PLAN