



Master of Science in Nursing Degree Plan

Name:	Student ID #
Catalog Year:	Semester Admitted:
Condition for Admission:	

IN SIGNING THIS DEGREE PLAN, I ACKNOWLEDGE THAT I AM AWARE OF AND WILL BE BOUND BY THE FOLLOWING POLICIES:

- **I am familiar** with the mission of this program and will comply with the expectations outlined in the university catalog, new student orientation, and student handbook.
- **I am responsible** for maintaining high standards of academic honesty and ethical behavior as outlined on my course syllabi and in the student handbook and will be sanctioned for falling below these standards.
- **I will receive** a photocopy of my official degree plan with all signatures that I may use to track my own progress in the program. Should I have questions about my enrollment, I am responsible for contacting the director of the graduate program to resolve these questions.
- **I am responsible** for verifying that I have completed the appropriate prerequisites for my courses, and I understand that my instructors have the discretion to administratively withdraw me from their courses should they discover that I have not completed the prerequisites. In this event, I will have no recourse and will not be eligible for a refund of tuition and fees associated with the course.
- **I must have** a grade point average of 3.0 or higher in order to satisfy graduation requirements.
- **I am responsible** for complying with College of Nursing policies, registration deadlines, financial aid deadlines, and tuition and fees deadlines.
- **I am responsible** for applying for graduation by the published deadline for the semester in which I will complete degree requirements.
- **Should I discontinue my enrollment** at UH for 9 or more consecutive months for reasons other than involuntary military service, this degree plan will be invalid and a new degree plan complying with the current academic year's catalog must be filed.
- **Should degree requirements change** during my enrollment, at the discretion of the dean I may be required to comply with these changes provided that they will not appreciably increase the total credits I must complete to graduate.
- **I am responsible** for visiting the College of Nursing web page (www.uh.edu/nursing) regularly for important updates, and for ensuring that the College of Nursing has correct contact information for me at all times.

This document is official only when it bears all signatures. The student is responsible for fulfilling all requirements of this degree plan.

**CONCENTRATION
Family Nurse Practitioner**

Student Signature Date Director Graduate Program Date

Courses **MUST** be completed in the order listed due to prerequisites.

Semester	Course Taken	Course Taken	Total Semester Hours	Additional Courses for Certification (Optional, Not Required for MSN FNP Degree)	
				Administration	Education
Fall 2023	NURS 6301	NURS 6330	6	NURS 6309	
Spring 2024	NURS 6332	NURS 6338	6	NURS 6319	
Summer 2024	NURS 6230	NURS 6320	5	NURS 6317	NURS 6314
Fall 2024	NURS 6331	NURS 6333	6	NURS 6309	
Spring 2025	NURS 6335	NURS 6336	6	NURS 6319	
Summer 2025	NURS 6345	NURS 6346	6	NURS 6317	NURS 6313, NURS 6314
Fall 2025	NURS 6355	NURS 6356	6	NURS 6309	NURS 6312
Spring 2026	NURS 6366	NURS 6306	6	NURS 6319	

Courses in **BOLD** are MSN Core Courses