

**UNIVERSITY OF HOUSTON-VICTORIA
SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING DEGREE PLAN**

NAME: _____

STUDENT NUMBER: _____

CATALOG YEAR: _____ **2009-2010** _____

DATE OF ADMISSION: _____

CONDITION(S) OF ADMISSION: _____

FOR OFFICE USE ONLY	
G.P.A.	
Health Sciences Reasoning Test (HSRT)	
Personal Essay Recommendation Letters	

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 my advisor 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 may receive** credit for no more than two grades of C taken at UHV, and no credit for grades below C.
- **I must have** a grade point average of 3.0 or higher in order to satisfy graduation requirements.
- **I may transfer** a maximum of 9 hours of coursework from another institution with the prior written approval of my advisor provided I earn a B or better in such coursework.
- **I am responsible** for complying with 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 UHV 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 School of Nursing web page (www.uhv.edu/nursing) regularly for important updates, and for ensuring that the School 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
Nurse Education

Student Signature	Date	Dean, School of Nursing	Date
Faculty Advisor	Date	Institutional Validation (Registrar)	Date

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MSN REQUIRED COURSES		Hrs. req'd	Courses/ Subs	COMPLETED			Prerequisites, restrictions and/or remarks
				Transfer	UHV	Total	
	NUR 6301	3					NUR 4314/NUR 6307 pre-or co-requisite
	NUR 6306	3					
	NUR 6307	3					(Formerly NUR 6302)
	NUR 6351	3					Capstone course taken in final semester
ACADEMIC CONCENTRATION	Nurse Education						
		NUR 6310	3				
		NUR 6311	3				
		NUR 6312	3				
		NUR 6313	3				
		NUR 6314	3				
		NUR 6315	3				
		NUR 6320	3				
		Elective	3				
							Electives may be selected from the following Options: NUR 6300, 6304, 6305, 6318, 6319, 6323, or 6324
	Total Sem. Hrs.	36					