**Texas Lutheran University Degree Plan**

**Direct Entry Master of Science in Nursing**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prospective Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Catalog Year:** 2022-23



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| **Prerequisites** |
|  | *BIOL 245 Human A&P I (4)* |
|  | *BIOL 246 Human A&P II (4)* |
|  | *BIOL 233 Pathophysiology (3)* |
|  | *BIOL 242 Microbiology (4)* |
|  | *BIOL 235 Nutrition (3)* |
|  | *CHEM 147 Principles of Chemistry (4)* |
|  | *PSYC 236 Developmental Psychology (3)* |
|  | *STAT 374 Statistics (3)* |

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| **Nursing (75 hrs)** |
|  | *NURS 520 Pharmacology I (2)* |
|  | *NURS 531 Age-Span Health Assessment I (3)* |
|  | *NURS 533 Comprehensive Pathophysiology (3)* |
|  | *NURS 534 Evidence-Based Professional Nursing I (3)* |
|  | *NURS 550 Fundamental Nursing Concepts (5)* |
|  | *NURS 521 Nursing Informatics (2)* |
|  | *NURS 528 Promoting Health in Older Adults (2)* |
|  | *NURS 536 Nursing Research I (3)* |
|  | *NURS 541 Behavioral Health Nursing (4)* |
|  | *NURS 551 Complex Nursing Concepts & Practice I (5)* |
|  | *NURS 624 Nursing Research II (2)* |
|  | *NURS 630 Age-Span Health Assessment II (3)* |
|  | *NURS 650 Nursing of Childbearing Families (5)* |
|  | *NURS 662 Complex Nursing Concepts & Practice II (6)* |
|  | *NURS 620 Pharmacology II (2)* |
|  | *NURS 639 Evidence-Based Professional Nursing II (3)* |
|  | *NURS 646 Population & Community Health Nursing (4)* |
|  | *NURS 663 Complex Nursing Concepts & Practice III (6)* |
|  | *NURS 629 Power, Policy, and Politics in Nursing (2)* |
|  | *NURS 636 Quality Improvement & Safety (3)* |
|  | *NURS 670 Transition to Practice and Clinical Practicum (7)* |

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**IMPORTANT**: Students must earn a grade of at least a C in all nursing courses to progress to the next semester. Students must maintain a minimum cumulative GPA of 3.0 on a 4.0 scale in all graduate courses completed at TLU.

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Registrar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_