

**Plan of Study for the Degree of Doctor of Nursing Practice (DNP)**

Name: \_\_\_\_\_  
Last
First
Middle Initial

Student ID:        and/or NetID:        Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

This plan of study should be completed and submitted to the Office of the Registrar when not more than 18 credits of course work to be offered for the degree have been completed. The successful completion of all work indicated on the plan of study is a fundamental prerequisite for the conferring of the degree. The plan of study must be signed by the student and by each member of the advisory committee before submission to the Office of the Registrar for final approval.

Any request for changes should be submitted to the Office of the Registrar for approval on the "Request for Changes in Plan of Study" form.

**Degree and Professional Diplomas held at present**

COLLEGE	DEGREE	DATE GRANTED	FIELD OF STUDY

Field of Doctoral Study: \_\_\_\_\_

Area of Concentration: \_\_\_\_\_

**Advisory Committee (print names only, minimum of three required)**

MAJOR ADVISOR \_\_\_\_\_ ASSOCIATE ADVISOR \_\_\_\_\_

ASSOCIATE ADVISOR \_\_\_\_\_ ASSOCIATE ADVISOR \_\_\_\_\_

ASSOCIATE ADVISOR \_\_\_\_\_ ASSOCIATE ADVISOR \_\_\_\_\_

**LEAVE BLANK**

Date of DNP admission: \_\_\_\_\_ Date by which all requirements for degree must be completed: \_\_\_\_\_

**Course Work**

List below all courses to fulfill the requirements for the DNP degree after consultation with your major advisor. If you have a master's degree, list only those courses beyond that degree which your advisory committee agree should count toward the DNP. Courses taken at the University of Connecticut or elsewhere that would be outdated by the time you expect to complete your degree requirements should not be included. Refer to the Graduate Catalog regarding transfer credit courses (accredited institutes only grade B, not B-, or better). List courses and submit request for transfer credits on an attached "Transfer Credit Request" form with approval signature

College	Course Number	Course Title	Course Credits	Leave Blank	Year	Semester
U. of Connecticut	NURS 5845	Health Services Research	3			
U. of Connecticut	NURS 5850	Scientific & Theoretical	3			
U. of Connecticut	NURS 5855	Evidence-Based Practice	3			
U. of Connecticut	NURS 5869	Quality/Systems Leaders	3			
U. of Connecticut	GRAD 5910	Responsible Research	1			
U. of Connecticut	GRAD 5865	Informational Systems	3			
U. of Connecticut	NURS 5895	DNP Seminar	1			
U. of Connecticut	NURS 5869	DNP Residency I	3-5			
U. of Connecticut	NURS 5885	Leadership & Management	3			
U. of Connecticut	NURS 5879	DNP Residency II	3-5			
U. of Connecticut	NURS 5870	Health Policy & Advocacy	3			
U. of Connecticut	NURS 5889	DNP Residency III	3-5			

TOTAL NUMBER OF CREDITS: \_\_\_\_\_ NUMBER OF CREDITS AT UCONN: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL:**

MAJOR ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_  
ASSOCIATE ADVISOR \_\_\_\_\_

REVIEWED: \_\_\_\_\_ DATE \_\_\_\_\_ GRADUATE SCHOOL \_\_\_\_\_