

Plan of Study for the Degree of Doctor of Nursing Practice

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. When fully approved, copies of the plan of study are scanned and e-mailed to the student, major advisor, and department administrator.

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: _____

