**MS Plan of Study**

Please complete and return this form to the Graduate Programs Office in Cushing 202. For any questions, please call 617-552-4928.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Specialty:</th>
<th>Entrance Term:</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Advisor:</th>
<th>Eagle ID:</th>
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<table>
<thead>
<tr>
<th>Advisor’s Signature:</th>
<th>Student’s Signature:</th>
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<table>
<thead>
<tr>
<th>Curriculum for ALL Master’s Students:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>Elective</td>
</tr>
<tr>
<td>NU415</td>
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<tr>
<td>NU416</td>
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<td>NU417</td>
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<tr>
<td>NU420</td>
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<td>Or</td>
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<tr>
<td>NU430</td>
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<td>NU520</td>
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<tr>
<td>Elective</td>
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<tr>
<td>NU524</td>
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<td>NU525</td>
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<td>NU672</td>
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</table>

Additional requirements for RN-MS Students (pre-Master’s students):

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Sem/Year</th>
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</thead>
<tbody>
<tr>
<td>NU260</td>
<td>Community Health Nursing Theory</td>
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<tr>
<td>NU261</td>
<td>Community Health Nursing Clinical</td>
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<tr>
<td>NU263*</td>
<td>Synthesis Clinical Lab (*may be waived for RN’s with experience at Dean’s discretion)</td>
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<tr>
<td>NU170</td>
<td>Principal of Evidence Based Nursing</td>
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(RN-MS students must have completed all Liberal Arts/Science Courses/bridge courses prior to MS courses)

Additional requirements for Master’s Entry students:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Sem/Year</th>
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</thead>
<tbody>
<tr>
<td>NU204</td>
<td>Pharmacology/Nutrition</td>
<td>3</td>
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<tr>
<td>NU402</td>
<td>Nursing Science I</td>
<td>6</td>
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<td>NU403</td>
<td>Clinical Practice in Nursing I</td>
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</tr>
<tr>
<td>NU406</td>
<td>Nursing Science II</td>
<td>6</td>
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</tr>
<tr>
<td>NU407</td>
<td>Clinical Practice in Nursing II</td>
<td>6</td>
<td></td>
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<tr>
<td>NU408</td>
<td>Pathophysiology (students with science background may take NU672 instead)</td>
<td>3</td>
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<tr>
<td>NU411</td>
<td>Nursing Synthesis Practicum</td>
<td>3</td>
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