**Doctor of Nursing Practice Plan of Study**

*Forward to MCN Office of Student Services*

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| **Student Name:** Click here to enter text.**UID#** Click here to enter text.**Email address:** Click here to enter text.**Date of Admission:** Click here to enter a date.**Anticipated Graduation Date:** Click here to enter a date.**Faculty Advisor:** Click here to enter text.**Year 1:****Summer** Click here to enter text.*Course Number Course Title Hours Grade***Fall** Click here to enter text.*Course Number Course Title Hours Grade***Spring** Click here to enter text.*Course Number Course Title Hours Grade*        **Year 3:** **Fall** Click here to enter text.*Course Number Course Title Hours Grade***Spring** Click here to enter text.*Course Number Course Title Hours Grade***Summer** Click here to enter text.*Course Number Course Title Hours Grade* | **Residency Requirement completed:**Click here to enter a date.**34 credit hours of coursework completed:** Click here to enter a date.**Date form completed:** Click here to enter a date.**Form completed by:** Click here to enter text.**Year 2:****Summer** Click here to enter text.*Course Number Course Title Hours Grade***Fall** Click here to enter text.*Course Number Course Title Hours Grade***Spring** Click here to enter text.*Course Number Course Title Hours Grade***Summer** Click here to enter text.*Course Number Course Title Hours Grade* |