**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* |