

THE UNIVERSITY OF TEXAS AT TYLER
School of Nursing
Post Masters of Science in Nursing – Administration
SAMPLE DEGREE PLAN

Name:				ID #:		
UT Tyler email:			Personal email:			
Phone (cell):		Phone (work):		Phone: (home):		
Address:						
Clinical population:						
Date of first graduate work to apply to this degree: Last Semester of eligible coursework (6 years):						
Expected Date of Graduation:		Semester:			Year:	
Course Number	Course Title	Enroll Plan	Comments	SCH	Semester Complete	Grade
NURS 5331	Leadership in Healthcare Environment	Fall 1	Clinical 37.5	3		
NURS 5335	Legal, Regulator, & Financial Management	Spring 1	Clinical 37.5	3		
NURS 5337	Delivery of Care	Summer 1	Clinical 37.5	3		
	TOTAL			9		
Nursing Graduate Advisor's Signature / Date		Student Signature / Date				