



PLAN OF STUDY FOR THE DEGREE OF DOCTOR OF NURSING PRACTICE

FIRST NAME _____

LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____ NETID _____ PHONE _____

EMAIL _____

- This plan of study should be completed and submitted to the Graduate School, U-1152, in the Graduate Center when not more than eighteen 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 Graduate School 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 Graduate School 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 the degree must be completed _____

COURSE WORK

- Attach a specific listing of all courses to fulfill the requirements for the DNP degree after consultation with your major advisor. If you have a master's degree, list only those courses beyond that degree which your advisory committee agree should count toward the DNP. Courses taken at the University of Connecticut or elsewhere, which would be outdated by the time you expect to complete your degree requirements should not be included. Refer to the graduate catalog regarding transfer credit courses (accredited institutes only grade B, not B-, or better). List courses and submit request for transfer credits on an attached "Transfer Credit Request" form with approval signature.
- Note a minimum of 10 credits of NURS 5895 are required.

Attach Required Courses in Chronological order

COLLEGE	COURSE NUMBER	COURSE TITLE	COURSE CREDITS	LEAVE BLANK	YEAR	SEMESTER

STUDENT'S SIGNATURE _____ DATE _____

APPROVAL:
 (ORIGINAL SIGNATURES REQUIRED)

MAJOR ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____

ASSOCIATE ADVISOR _____

APPROVED:

DATE

THE GRADUATE SCHOOL