

2021-2022

SCHOOL OF NURSING  
INDIANA STATE UNIVERSITY  
POST MASTER'S DOCTOR OF NURSING PRACTICE

\*\*\* Students that move from one state to another should notify their advisor and the School of Nursing Associate Director of Students' office prior to moving. Not all programs are approved in all states. Change of residency may result in lack of progression at Indiana State University.

Name:	University I		
Address:			
City:	State:	Zip:	
Phone:	ISU Email:		
Pers. Email:	MSN Clinical Hours Credited:		
Advisor:	Term of Entry:		

*The following courses are stand alone and may be taken during any semester during which they are offered.*

<u>Course #</u>	<u>Courses</u>	<u>Credit</u>	<u>Grade</u>	<u>Semester</u>
AHS 612	Epidemiology (Fall/Summer)	3		
APN 822	Organizational Informatics (Spring) 2nd 8 weeks	3		
APN 840	Culturally Competent Care (Summer)	3		

*The following courses are sequenced and are only offered during the semesters indicated.*

**Fall Semester (Taken Concurrently)**

APN 600	Graduate Writing 1st 8 weeks	1		
APN 810	Community Health Planning 1st 8 weeks	3		
APN 881	DNP Project I 150 Clinical Hours 2nd 8 weeks	5		

**Spring Semester (Taken Concurrently)**

APN 825	Analytical Methods 1st 8 weeks	3		
APN 882	DNP Scholarly Project II 100 Clinical Hours	5		

**Summer Semester (Taken Concurrently)**

APN 883	DNP Scholarly Project III 100 Clinical Hours	5		
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**Fall Semester (Taken Concurrently)**

APN 884	DNP Project Dissemination	3		
APN 842	Health Policy Leadership	3		

**Total Credits: 37**

*By electronically signing and dating this plan of study, I agree to make no deviations without the guidance and approval of my advisor or progression in the program could be significantly delayed. During my last semester of coursework, I realize that my signature will be required on the final plan of study and must accompany my application for graduation or certificate.*

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Faculty Signature and Date

