

**FMU School of Health Sciences**  
**MSN/FNP Plan of Study for Spring (January) Admission**



<b>YEAR 1</b>			
<b>Spring</b>	<b>Summer I</b>	<b>Summer II</b>	<b>Fall</b>
APRN 501 Advanced Practice Role: Theory and Knowledge Development (3) <b>(online)</b> APRN 502 Biostatistics (3) <b>(online)</b> *APRN 504 Health Policy and Leadership (3) <b>(online)</b> APRN 603 Advanced Physical Assessment and Health Promotion (4:3-3) (45 hours) <b>(on campus)</b>	APRN 503 Advanced Research and Evidence-based Practice (3) <b>(online)</b> APRN 601 Advanced Pathophysiology (3) <b>(on campus)</b>		APRN 507 Patient Education and Advocacy (3) <b>(online)</b> APRN 602 Advanced Pharmacology (3) <b>(on campus)</b> APRN 701 Primary Care of Adults (5:2-9) (135 hours) <b>(hybrid)</b>
<b>YEAR 2</b>			
<b>Spring</b>	<b>Summer I</b>	<b>Summer II</b>	<b>Fall</b>
APRN 505 Population Health & Epidemiology (3) <b>(online)</b> APRN 702 Primary Care of Infants, Children and Adolescents (4:2-6) (90 hours) <b>(hybrid)</b> APRN 703 Primary Care of Women (2:1-3) (45 hours) <b>(hybrid)</b>	APRN 506 Health Systems and Risk Management (3) <b>(online)</b> APRN 704 Primary Care of Geriatric Patients (2:1-3) (45 hours) <b>(hybrid)</b> APRN 707 Clinical Decision-making and Ethics (3) <b>(online)</b>		APRN 705 Internship I (4:1-9) (135 hours) <b>(hybrid)</b> APRN 706 Internship II (4:1-9) (135 hours) <b>(hybrid)</b>

\*APRN 504 can alternately be taken the following Fall semester.

Lecture (semester) hours = 1:1

Practicum (contact) hours = 3:1 (conferences can only be applied to 10% of practicum)

**IMPORTANT: You must complete this section to confirm your enrollment status.**

Plan of study: **Spring (January) Admission**

Please select:  Full-time  Part-time  Decline acceptance  
(If part-time, email Dr. Hopla at dhopla@fmarion.edu to develop a personalized plan of study.)

This form must be signed by the student and his or her FMU academic advisor. Students, please forward to your listed academic advisor.

Student Name (please print) \_\_\_\_\_ ID # \_\_\_\_\_

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

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and date this form, then scan and email both sides to your academic advisor.**

This form must be returned within one week of acceptance to confirm your enrollment.

You will not be cleared to register for classes until this form has been received.