REGIS COLLEGE SCHOOL OF NURSING, SCIENCE AND HEALTH PROFESSIONS
MASTER OF SCIENCE – Nursing Leadership/Health Informatics

Name ___________________________ Student ID _________________ Specialty ______________

Reviewed with/without official transcript
Reviewer/Interviewer __________________ Date ___________

Statistics Requirement: Grade ________________ Where taken __________________________________________

GRE/MAT (May be Waived) ________________ Expected Date of Graduation _________________________

Semester Grade Nursing Leadership Courses

_______ _____ NU 601 Nursing Theory (3 Credits)
_______ _____ NU 605 Concepts of Nursing Leadership (3 Credits) (Must be taken before NU 612 or NU 623)
_______ _____ NU 612 Organizational and Structure in Nursing Leadership (3 Credits) (40 hrs. fieldwork)
_______ _____ NU 623 Regulatory Issues in Nursing Leadership (3 Credits) (40 hrs. fieldwork)
_______ _____ NU 618 Seminar: Health Policy (3 Credits)
_______ _____ NU 630 Advanced Nursing Research (3 Credits) Prerequisite NU 601
_______ _____ HP 601 Health Ethics and Law (3 Credits)
_______ _____ HP 608 Health Care Quality Management (3 Credits)
_______ _____ HP 622 Economics of Health Care (3 Credits)

Informatics Core Courses

_______ _____ HP 635 Health Information Systems (3 Credits)
_______ _____ HP 638 Strategic Leadership in Health Informatics (3 Credits)
_______ _____ HP 643 Database Design and Development for Healthcare (3 Credits)
_______ _____ NU 710 Informatics (3 Credits)
_______ _____ HP 641 Health Informatics Mentorship (3 Credits) (100 hours of fieldwork) All leadership courses
and informatics courses should be completed prior to mentorship.

**MS EARNED HERE Total 42 Credits**

I have read the entire curriculum plan as outlined for me on ____________. In the event that I must deviate from
the plan as outlined, I am aware that I must meet with my advisor to revise the plan before registering for any
subsequent classes.

Signature: ___________________________ Date: __________________

☐ Copy of Curriculum Plan given to Student Revision Dates: ________________

Student Name: _________________________ Student ID _________________________

IT IS THE STUDENT’S RESPONSIBILITY TO OBTAIN OFFICIAL TRANSCRIPTS AND MEET
COLLEGE CRITERIA FOR GRADUATION

List of Required Official Transcript(s)

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Reviewed 9/25/13