

OAKLAND UNIVERSITY SCHOOL OF NURSING
Graduate Certificate in Nursing Education
Plan of Study

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____

Academic Year	Courses to be Completed* Effective Fall 2003	Fall	Winter	Spring
	<u>GRADUATE CERTIFICATION IN NURSING EDUCATION</u>			
	Specialty courses			
	NRS 632 4 Curriculum and Instruction in Nursing Education			
	NRS 654 4 Evaluation in Nursing Education			
	NRS 656 3 Field Experience in Nursing Education			
	Elective 4 Elective*			
	15 Total			
	Students will be allowed two years from the semester of the first course taken in the sequence to complete the four required courses in the graduate certificate.			
	*Pre-approved elective course: EL 611 – Contemporary American Higher Education IST 594 – Introduction to Technology Applications in the Classroom			

Signature: _____ Date: _____
(Student)

Approved by: _____ Date: _____

*Courses can be cancelled without notice if enrollment does not meet minimum established for graduate requirements (10 students).