LA ROCHE UNIVERSITY

Engaging Minds. Embracing the World.

Entry Level MSN Registration Form

Student ID: _____ Cohort: _____

First Name: _____ Last Name: _____

Semester 1 - 15 credits	**Semester:** **Year:**
NURN5101 X	Professional Nursing Practice: Essentials
NURN5103 X	Professional Nursing Practice: Fundamentals
NURN5103C X	Professional Nursing Practice: Fundamentals Clinical
NURN5105 X	Essentials of Pharmacology
NURN5105L X	Essentials of Pharmacology Lab/Simulation
NURN5107 X	Inquiry and Evidence in Professional Nursing Practice
Semester 2 - 15 credits	**Semester:** **Year:**
NURN5109	Professional Nursing Practice: Adult I
NURN5109C	Professional Nursing Practice: Adult I Clinical
NURN5111	Special Consideration of the Older Adult
NURN5113	Public Health and Epidemiology
NURN5115	Quality Improvement and Safety in Healthcare
Semester 3 - 16 credits	**Semester:** **Year:**
NURN5117	Professional Nursing Practice: Adult II
NURN5117C	Professional Nursing Practice: Adult II Clinical
NURN5119	Professional Nursing Practice: Mental Health
NURN5119C	Professional Nursing Practice: Mental Health Clinical
NURN5121	Research Methods
NURN5017	Comprehensive Health Assessment
Semester 4 - 16 credits	**Semester:** **Year:**
NURN5123	Professional Nursing Practice: Adult III
NURN5123C	Professional Nursing Practice: Adult III Clinical
NURN5125	Professional Nursing Practice: Women and Children
NURN5125C	Professional Nursing Practice: Women and Children Clinical
NURN5127	Health Promotion Across the Lifespan
NURN5009	Comprehensive Pathophysiology
Semester 5 - 15 credits	**Semester:** **Year:**
NURN5129	Professional Nursing Practice: Comprehensive Nursing Practicum
NURN5129C	Professional Nursing Practice: Comprehensive Nursing Practicum Clinical
NURN5131	Nursing Leadership
NURN5004	Theory and Professional Nursing Practice
NURN5007	Comprehensive Pharmacology
NURN5012	Health Policy and Global Considerations

By signing, I agree to pay, by the published payment due date for each semester, all imposed tuition and fees assessed to me for courses for which I have registered. Also, I agree to pay all imposed and appropriate charges (late fees, collection costs, and any other necessary charges).

Student Signature: _____ Date: _____