



Division of Nursing & Health Professions

Doctor of Nursing Practice Program

Course of Study Choice Form - ONLINE

Name: _____

Date: _____

I am applying for enrollment in one of the Doctor of Nursing Practice tracks listed below. I understand if, at any time, I am unable to, or choose not to, take the courses in the order outlined in my program of studies, courses I need may not be offered and/or graduation delayed.

PROGRAM CHOICE:

Professional Track

System Leadership Track

PLEASE CHOOSE ONE OF THE FOLLOWING STARTS:

Fall Start

Spring Start

Summer Start

PLEASE CHOOSE A PROGRAM COMPLETION TIME:

➤ **Professional Track MS to DNP:**

Full-Time {2.5 – 3yrs.}

Part-Time {4-5 yrs.}

➤ **System Leadership Track**

• **MS to DNP:**

Full-Time {2.5 – 3yrs.}

Part-Time {4-5yrs.}

• **BS to DNP:**

Full-Time {5yrs.}

Part-Time {6.5yrs.}

An individualized program of study (pos) will be created for you based on the track you have chosen. Changes in your DNP program of study must be approved by the Program Director.