<table>
<thead>
<tr>
<th>Year One</th>
<th>Year Two</th>
<th>Year Three</th>
<th>Year Four</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall Semester</strong></td>
<td><strong>Fall Semester</strong></td>
<td><strong>Fall Semester</strong></td>
<td><strong>Fall Semester</strong></td>
</tr>
<tr>
<td>20________</td>
<td>20________</td>
<td>20________</td>
<td>20________</td>
</tr>
<tr>
<td><strong>Spring Semester</strong></td>
<td><strong>Spring Semester</strong></td>
<td><strong>Spring Semester</strong></td>
<td><strong>Spring Semester</strong></td>
</tr>
<tr>
<td>20________</td>
<td>20________</td>
<td>20________</td>
<td>20________</td>
</tr>
<tr>
<td><strong>Summer</strong></td>
<td><strong>Summer</strong></td>
<td><strong>Summer</strong></td>
<td><strong>Summer</strong></td>
</tr>
<tr>
<td>20________</td>
<td>20________</td>
<td>20________</td>
<td>20________</td>
</tr>
</tbody>
</table>

**Thesis Committee**

Chair (School of Nursing)  
Second Member (SON)

---

**Sequencing Recommendations and Required Prerequisites:**

- N552 immediately prior to N645* (when possible) – Instructor permission for N552 to limit to 14 students
- N554 prior to N553**
- N554 prior to N645**
- N553 prior to or concurrent with N645**--Instructor permission required to limit to 14 students
- N640 prior to or concurrent with N641 and before N645**
- Statistics prior to or concurrent with N604
- N601 prior to or concurrent with N640**

*Enhances application in first clinical course
**Enhances student understanding second course

---

This form is to be used by graduate students and advisors planning course progression in the School of Nursing. Students need to submit this signed form to the Graduate Programs Administrative Assistant by the end of the first fall semester enrolled or by the completion of 12 credits, whichever comes first. If a student wishes to change the plan, the student meets with the advisor and resubmits a revised, signed and dated course progression form.

---

Student Signature ___________________________ Date ___________  
Advisor Signature ___________________________ Date ___________