



Student Name: (LASTNAME, FirstName)	Student Number:
Field of Study: <input type="checkbox"/> Leadership & Education (I) <input type="checkbox"/> Health & Illness (II)	Program: MN001 Full-Time

1. The Full-time Program of Study form establishes your plan of courses and practicum, which you will follow in completing the MN degree requirements. The Program Administrator uses your Program of Study form to monitor both your course enrollments and time-to-completion requirements.
2. All students are required to complete a Program of Study form within four weeks of the start of their initial term of registration. Please do not submit this form before Monday, September 28, 2020. Only forms submitted between Monday, September 28 and Monday, October 26, 2020 will be processed. All students are required to submit their Program of Study form using their Ryerson e-mail address ONLY.
3. Before completing this form and to further assist you in your decision-making when planning your course request selection, please refer to both the Course Stream Program Requirements document and Course Stream Full-Time Program Plans guide.
4. Using the List of Course Offerings, check the appropriate box for each term to indicate your course request selections. Make sure that you select courses for all terms as incomplete forms will not be processed.
5. Note that courses MN8904 Seminar in Professional Nursing Advancement and MN8905 Practicum in Professional Nursing Advancement **must** be taken concurrently. In addition, because MN8904 and MN8905 are considered “capstone” courses, you must have successfully completed all other core, field, and at least 1 of the 3 required elective courses prior to enrolment. This means that students are permitted to have a maximum of two elective courses outstanding prior to their enrolment in MN8904 and MN8905.
6. Submitting and processing of this form is a 3-step process:
 1. The student completes the full-time Program of Study form, saves as a pdf attachment and e-mails this for approval using their Ryerson e-mail address ONLY to Gerry Warner, Program Administrator at gerry.warner@ryerson.ca any time between Monday, September 28 and Monday, October 26, 2020.
 2. Upon review and processing, the Program Administrator will e-mail the student and attach the “Approved” or “Non-Approved” Program of Study form. If “Non-Approval” is indicated, comments and further instructions will be added by the Program Administrator.
 3. The student e-mails a pdf. version of the approved Program of Study to their assigned Faculty Advisor for review. After consulting with their Faculty Advisor, the student will have their Advisor electronically sign and check the appropriate Approval box and then the student will e-mail a copy of this signed form in pdf. format only to the program administrator by Monday, November 30, 2020.

LIST OF COURSE OFFERINGS BY TERM & YEAR

Course Group	Course Number	Course Title	Check Boxes to Indicate Course Requests				
			Year 1			Year 2	
			Fall 2020	Winter 2021	Spring 2021	Fall 2021	Winter 2022
Required Core	MN 8901	Quantitative Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Required Core	MN 8902	Qualitative Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Required Core	MN 8903	Nursing Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Required Core	MN 8904	Seminar in Prof. Nursing Advmt.				<input type="checkbox"/>	<input type="checkbox"/>
Required Core	MN 8905	Practicum in Prof. Nursing Advmt.				<input type="checkbox"/>	<input type="checkbox"/>
Field II / Elective	MN 8910	Health & Illness		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Field II / Elective	MN 8911	Population Health	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Elective	MN 8930	Advanced Nursing Ethics	<input type="checkbox"/>			<input type="checkbox"/>	
Field II / Elective	MN 8931	Diversity & Globalization	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Field I / Elective	MN 8920	Health Policy	<input type="checkbox"/>			<input type="checkbox"/>	
Field I / Elective	MN 8921	Leadership in Education		<input type="checkbox"/>			<input type="checkbox"/>

Course Group	Course Number	Course Title	Check Boxes to Indicate Course Requests				
			Year 1			Year 2	
			Fall 2020	Winter 2021	Spring 2021	Fall 2021	Winter 2022
Elective	MN 8932	Nursing Informatics			<input type="checkbox"/>		
Field I / Elective	MN 8934	Inter-Professional Education			<input type="checkbox"/>		
Elective	MN 8935	Program Planning & Evaluation		<input type="checkbox"/>			<input type="checkbox"/>
Elective	MN 8936	Advanced Therapeutic Com.		<input type="checkbox"/>			<input type="checkbox"/>
Elective*	MN 8950	Major Research Paper			<input type="checkbox"/>		

* This is a Required Core Course for the PHCNP curriculum, enrolment in this course is restricted and course stream students require permission from the Program Administrator.

Comments or Additional Information Section

--

Faculty Advisor Information Section

Faculty Advisor Name: (Last name, First name)		Faculty Advisor Contact Information	
		E-mail	Telephone
Faculty Advisor Signature:	Date:	<input type="checkbox"/> Approval <input type="checkbox"/> Non-Approval	

Approvals Section

Program Administrator Signature:	Date:	<input type="checkbox"/> Approval <input type="checkbox"/> Non-Approval
Office Use Only:		
Director Signature:	Date:	<input type="checkbox"/> Approval <input type="checkbox"/> Non-Approval

Retain a copy for your records AND return the signed and approved form to:
To view and use the forms on this page, you can download the latest version of free [Adobe Reader software](#) directly from Adobe's website.

Gerry Warner
Program Administrator
Master of Nursing, PHCNP and PhD Urban Health
Daphne Cockwell School of Nursing
Office DCC 536