



Master of Science in Nursing – Family Nursing Practitioner (MSN – FNP) Program Pre-requisite Plan Form

Applicant's Name: _____ Admission term: Spring 20____ Fall 20_____

MSN – FNP required pre-requisites classes (units)	Name of institution where completed	Name and course number	Term Completed or plan to complete	Grade <u>or</u> In Progress (IP)	Office use
					Approved/ Denied
1. Nursing Research (3)					
2. Statistics (3)					
3. Health Assessment (3)					
4. Pathophysiology (3)					