

Guidelines for Completion of Planned Program of Study

PhD in Nursing Program – CWRU

An official Planned Program of Study (PPoS) is required for each student enrolled in the PhD in Nursing Program. It should be initiated in the first semester and completed by no later than the completion of 3 courses (9 credits).

Graduate PhD nursing students are encouraged to meet with their advisors during the first semester of residence to discuss all departmental requirements and create a list of proposed coursework, known as the Planned Program of Study (PPoS). The PPoS outlines all courses and other requirements for the PhD in nursing degree.

Once the PPoS is developed by the student and approved by their advisor, it should be submitted on the required form to the PhD office in the School of Nursing. The PPoS should contain the signatures of the student and advisor and the date signed.

If there is a need to modify the PPoS after it is submitted, a revised PPoS should be submitted to the PhD office in the School of Nursing. The PPoS should always be kept up-to-date and should be consistent with the student's transcript in the Student Information System (SIS).

Planned Program of Study for PhD in Nursing Program – Fall Starts

Student Name _____ **Date** _____

_____ Initial plan **_____ Amended plan**

Fall (1st year)	Spring (1st year)	Summer (1st year)
Fall (2nd year)	Spring (2nd year)	Summer (2nd year)
Fall (3rd year)	Spring (3rd year)	Summer (3rd year)
Fall (4th year)	Spring (4th year)	Summer (4th year)
Fall (5th year)	Spring (5th year)	Summer (5th year)

Student signature _____ Date _____

Advisor signature _____ Date _____

PhD Program Director signature _____ Date _____

Planned Program of Study for PhD in Nursing Program – Spring Starts

Student Name _____ **Date** _____

 Initial plan Amended plan

Spring (1st year)	Summer (1st year)	Fall (1st year)
Spring (2nd year)	Summer (2nd year)	Fall (2nd year)
Spring (3rd year)	Summer (3rd year)	Fall (3rd year)
Spring (4th year)	Summer (4th year)	Fall (4th year)
Fall (5th year)	Summer (5th year)	Fall (5th year)

Student signature _____ Date _____

Advisor signature _____ Date _____

PhD Program Director signature _____ Date _____