

Degree Plan - Bachelor of Science in Nursing (BSN)

NURSING CORE REQUIREMENTS (41 credit hours)

Lower Division Nursing Core Requirements have been met with ADN degree (41 credits) yes no

UPPER DIVISION NURSING COURSES (36 credit hours)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
NUR 330 Pathophysiology I	(3) _____	_____	NUR 407 Leadership Roles	(3) _____	_____
NUR 332 Nursing Research	(3) _____	_____	NUR 408 Issues Prof Nursing	(2) _____	_____
NUR 334 Pathophysiology II	(3) _____	_____	NUR 429 Utilizing Resources	(2) _____	_____
NUR 382 Health Assessment	(4) _____	_____	NUR 443 Public Health Science	(3) _____	_____
NUR 405 Family Systems	(4) _____	_____	NUR 446 Commnty Health Nrs	(6) _____	_____
NUR 406 Diagnostic Reasoning	(3) _____	_____			

Nursing Electives (2 credit hours minimum)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
NUR 304 Int Compl & Alt Med	(2) _____	_____	NUR 441 Perioperative Nursing	(4) _____	_____
NUR 410 Assessmnt Validation	(2) _____	_____	NUR 470 Nursg Organiz/Mgmt	(3) _____	_____
NUR 432 Nursing Informatics	(2) _____	_____			

Other Courses

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____
Course: _____ ()	_____	_____	Course: _____ ()	_____	_____

Total Upper Division Hours (50 minimum required): _____

(6 hours must be outside of major and minor disciplines)

Total Writing Intensive Course Hours (minimum of 12 required): _____

Total Hours (128 minimum required): _____ **Copy to Registrar on (date):** _____

Original completed on (date): _____ **Grad. Audit sent on (date):** _____

Updated on (date): _____

Student Signature: _____ **date:** _____

Advisor Signature: _____ **date:** _____