PLAN OF STUDY FORM - 96/97

MOHEGAN CAMPUS - TRCTC

NURSING PROGRAM - 020500
ASSOCIATE IN SCIENCE DEGREE

NAME: _____
First Last

CREDITS REQUIRED = 66

SS#: _____ / _____ / _____

Advanced Credits:
Transfer Credits _____
#CLEP/DANTES _____
#Credit by Exam _____
#APL Credits _____
#Military Credit _____

Name(s) of transfer college(s) _____
_____
_____

#A combined maximum of 30 credits may be used to satisfy degree requirements.

Computer Literacy Requirement met by: _____

Pre-Admission Requirements Completed: Intermediate Alegebra _____ (date) Chemistry _____ (date)

FIRST YEAR
Fall - First Semester

DEPT. & NO.	TITLE OF COURSE	CREDITS	SEMESTER COMPLETED	TO BE COMPLETED
NURS 115	Fundamentals of Nursing	8		
BIO 211#	Human Anatomy & Physiology I	4		
ENG 111#*	College Composition	3		
PSY 111#	Introduction to Psychology	3		
Spring Semester - Second Semester				
NURS 116	Care of Clients & Families with Intermediate Health Care Needs	8		
BIO 212#*	Human Anatomy & Physiology II	4		
PSY 212#*	Developmental Psychology	3		
BIO 225#*	Microbiology	4		
SECOND YEAR				
Fall - Third Semester				
NURS 226*	Care of Clients & Families with Acute Health Care Needs	9		
_____#	English Elective	3		
SOC 111#	Introduction to Sociology	3		
Spring - Fourth Semester				
NURS 227*	Care of Clients & Families with Complex Long-Term Health Care Needs	9		
NURS 228*	Seminar in Nursing	2		
_____#	Unrestricted Elective	3		

Applicants may enroll in these courses prior to being admitted to the Nursing Program.
* Course has a prerequisite. Students should check course description in the catalog or semester class schedule.
A cumulative grade point average of 2.0 (C) in all NURS and corequisite courses is required for completion of Nursing Degree.
A minimum grade of C is required in each NURS course for progression to the subsequent semester.

DEVELOPMENTAL COURSES COMPLETED:

Writing Workshop _____ Date

Effective Reading _____ Date

Basic Math Skills _____ Date

Other _____ Date

PLAN OF STUDY REVIEWED BY:

_____
Advisor Date

_____
Student Date

Graduation Audit Completed by:

_____
Signature Date