

NAME _____

LBCC Graduation Worksheet 2005-2006

ID. NO. _____

Associate Of Applied Science
Nursing

AAS 5208

Instructions: Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on each page to receive this degree. The college catalog and your advisor are two resources you can turn to if you need help. When you are within two terms of completion, meet with your advisor and have him or her sign this form. You should apply for graduation one term prior to the term you and your advisor determine you will meet all the requirements for completion. **When you apply for graduation you must attach this form to your application. Your application is incomplete without this form signed by your advisor.**

General Education Requirements Are Approved By The Admissions & Records Office

Composition		Credits	
WR 121	English Composition	3 c	_____
Speech (Select one)			
SP 111	Fundamentals of Speech		
SP 112	Introduction to Persuasion		
SP 218	Interpersonal Communication	3 c	_____
Math			
MTH 095	Intermediate Algebra	4 c	_____
Health & PE (Select 3 credits)			
HE 112	Emergency First Aid (1)		
HE 125	Occupational Safety & Health (3)		
HE 225	Social & Individual Health Determinants (3)		
HE 252	First Aid (3)		
HE 261	CPR (1)		
PE 180	Activity Courses (1)		
PE 185	Activity Courses (1)		
PE 190	Activity Courses (1)		
PE 231	Lifetime Health & Fitness (3)	3 c	_____
Perspectives			
	Science Technology & Society (see catalog page 183).....	3 c	_____
	Cultural Diversity & Global Awareness (see catalog page 183) ..	3 c	_____

Please fill out form in dark ink

Degree Evaluator

Date

FOR OFFICE USE ONLY

Credit Toward This Degree

Total Cr. _____ LBCC Cr. _____ GPA _____ Approved Denied

AP 5208 HH

Registrar

Date

PROGRAM REQUIREMENTS LISTED ON REVERSE SIDE

Advisor Instructions: This is the student's official record of their progress. The student must present this form to the Admissions Office when they apply for graduation. Please address each requirement by checking off completed courses, indicating which courses the student plans to take, and clearly documenting substitutions or waivers.

PROGRAM REQUIREMENTS ARE APPROVED BY THE DEPARTMENT ADVISOR

		Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
BI 232	Human Anatomy & Physiology	5 q	_____	_____	_____
BI 233	Human Anatomy & Physiology	5 q	_____	_____	_____
BI 234	Microbiology	4 q	_____	_____	_____
NFM 225	Nutrition	4 q	_____	_____	_____
NUR 101	Nursing I.....	9 q	_____	_____	_____
NUR 102	Nursing II.....	9 q	_____	_____	_____
NUR 103	Nursing III.....	9 q	_____	_____	_____
NUR 201	Nursing IV	9 q	_____	_____	_____
NUR 202	Nursing V	9 q	_____	_____	_____
NUR 203	Nursing VI.....	7 q	_____	_____	_____
NUR 222	Contemporary Nursing	1 q	_____	_____	_____
NUR 268A	Drug Therapy/Nursing Implications	1 q	_____	_____	_____
NUR 268B	Drug Therapy/Nursing Implications	1 q	_____	_____	_____
NUR 268C	Drug Therapy/Nursing Implications	1 q	_____	_____	_____
PSY 203	General Psychology	3 q	_____	_____	_____
RD 120N	Critical Thinking for Health Occupations	3 q	_____	_____	_____
WR 227	Technical Writing	3 q	_____	_____	_____
Select one course					
HDFS 201	Individual & Family Development	3 q	_____	_____	_____
PSY 215	Intro to Developmental Psychology	3 q	_____	_____	_____

CHANGES MUST ALSO BE APPROVED BY
DIVISION DIRECTOR OR DEAN

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this degree is awarded to the student. Requirements such as general education, total credits and grade point average must be approved by the Registrar.

DEPARTMENT ADVISOR

Program requirements/proposed substitutions and waivers meet with my approval. Reasons for any changes are indicated and initialed on the appropriate line above.

DIVISION DIRECTOR or DEAN

Changes and/or substitutions in the program requirements have my approval.

Program Advisor Signature

Date

Division Director or Dean Signature

Date