

NAME _____

LBCC Graduation Worksheet 2007 - 2008 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 _____

SPEECH (Select One)
SP 111 Fundamentals of Speech
SP 112 Intro to Persuasion
SP 218 Interpersonal Communication..... 3 _____

MATH
MTH 095 Intermediate Algebra 4 _____

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 (3cr) 3 _____

PERSPECTIVE
Science, Technology & Society (see catalog page 171) 3 _____
Cultural Diversity & Global Awareness (see catalog page 171)..... 3 _____

Degree Evaluator Date

FOR OFFICE USE ONLY			
Credit Toward This Degree			
Total Cr. _____	LBCC Cr _____	GPA _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
_____ Registrar	_____ Date	AP 5208 HH	

PROGRAM REQUIREMENTS

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

		Waivers/ Substitutions	Advisor Initials	Date Approved
	Credits			
BI 234	Microbiology	4	<input type="checkbox"/>	_____
*NFM 225	Nutrition	4	<input type="checkbox"/>	_____
NUR 101	Nursing I	9	<input type="checkbox"/>	_____
NUR 102	Nursing II	9	<input type="checkbox"/>	_____
NUR 103	Nursing III	9	<input type="checkbox"/>	_____
NUR 201	Nursing IV	9	<input type="checkbox"/>	_____
NUR 202	Nursing V	9	<input type="checkbox"/>	_____
NUR 203	Nursing VI	7	<input type="checkbox"/>	_____
NUR 222	Contemporary Nursing.....	1	<input type="checkbox"/>	_____
NUR 268A	Drug Therapy/Nursing Implications.....	1	<input type="checkbox"/>	_____
NUR 268B	Drug Therapy/Nursing Implications.....	1	<input type="checkbox"/>	_____
NUR 265C	Drug Therapy/Nursing Implications	1	<input type="checkbox"/>	_____
PSY 203	General Psychology	3	<input type="checkbox"/>	_____
PSY 215	Intro to Developmental Psychology	3	<input type="checkbox"/>	_____
RD 120	Critical Thinking for Health Occupations.....	3	<input type="checkbox"/>	_____
WR 227	Technical Writing	3	<input type="checkbox"/>	_____

* Must be a 4 credit course

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 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