

**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
 SP111 Fundamentals of Speech
 SP 112 Introduction to Persuasion
 SP 218 Interpersonal Communication..... 3 _____

Mathematics
 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 _____

Perspectives
 Science, Technology & Society (see catalog page 166)..... 3 _____ Other course work my substitute _____
 Cultural Diversity & Global Awareness(see catalog pg 166). 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 5208A BH		

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. CHANGES MUST ALSO BE APPROVED BY DIVISION DIRECTOR OR DEAN

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

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