



Program Completion Guide
ASSOCIATE DEGREE NURSING (A45110)

Student Name: _____ **ID #:** _____ **Date of Enrollment:** _____

Advisor Name: _____ **Contact Information:** _____

Criminal background checks and/or drug testing may be required by clinical agencies prior to a student's participation in the clinical component of a course. Failure to meet clinical agency requirements will result in the student not having the opportunity to meet clinical objectives; therefore, the student will not be allowed to progress in the program.

Note: Developmental coursework may be required. Please refer to the Developmental Education Guide for additional information.

Associate Degree Nursing Associate in Applied Science Degree (A45110) Course Requirements 76 credit hours:

Courses	Cr.	Recommended Semester	Prerequisites	Corequisites	Semester Registered/Planned	Semester Completed/Grade
ACA 122 College Transfer Success (Course <u>not required</u> but recommended)	1	1 st year – fall	None	None		
BIO 165 Anatomy and Physiology I*	4	1 st year – fall	MAT 003 Tier 2 or BSP 4003 Tier 2, ENG 002 or BSP 4002 or ENG 111	None		
CIS 110 Introduction to Computers	3	1 st year – fall	ENG 002 or BSP 4002 or ENG 111	None		
NUR 111 Intro to Health Concepts*	8	1 st year – fall	Admission to ADN Program	BIO 165, CIS 110, and PSY 150		
PSY 150 General Psychology	3	1 st year – fall	ENG 002 or BSP 4002 or ENG 111	None		
BIO 166 Anatomy and Physiology II*	4	1 st year – spring	BIO 165	None		
ENG 111 Writing and Inquiry	3	1 st year – spring	ENG 002 or BSP 4002	ACA 122, ENG 011		
NUR 112 Health-Illness Concepts*	5	1 st year – spring	NUR 111	BIO 166, ENG 111, PSY 241, NUR 114		
NUR 114 Holistic Health Concepts*	5	1 st year – spring	NUR 111	BIO 166, ENG 111, PSY 241, NUR 112		
PSY 241 Developmental Psychology	3	1 st year – spring	PSY 150	None		
NUR 113 Family Health Concepts*	5	1 st year – summer	NUR 111, NUR 112, NUR 114	None		
BIO 275 Microbiology*	4	2 nd year – fall	BIO 110, BIO 111, BIO 163, and BIO 165 or BIO 168	None		
ENG 112 Writing/Research in the Disciplines	3	2 nd year – fall	ENG 111	None		
NUR 211 Health Care Concepts*	5	2 nd year – fall	NUR 111, NUR 112, NUR 113, NUR 114	BIO 275, ENG 112, NUR 212		
NUR 212 Health System Concepts*	5	2 nd year – fall	NUR 111, NUR 112, NUR 113, NUR 114	BIO 275, ENG 112, NUR 211		
NUR 213 Complex Health Concepts*	10	2 nd year – spring	NUR 111, NUR 112, NUR 113, NUR 114, NUR 211, NUR 212	SOC 210		
SOC 210 Introduction to Sociology	3	2 nd year – spring	None	None		

Humanities/Fine Arts Electives (3 credit hours)

Take one course from: ART 111, HUM 115, MUS 110, or PHI 240

Course	Recommended Semester	Semester Registered/Planned	Semester Completed/Grade
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	2nd year – fall	
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NOTES:

- Must obtain a grade of “C” or better in all courses in the Associate Degree Nursing curriculum in order to progress in the program and/or to graduate.
- *NUR and BIO courses must have a grade of 80 or better to progress.
- See course catalog for Prerequisite/Corequisite requirements.

Students please read the following and sign below:

I understand that as an RCC student, I am ultimately responsible for my schedule. I understand that I must do the following or it may affect my ability to graduate on time.

- Complete all curriculum courses with a grade of “C” or better; obtain a grade of 80 or higher in all NUR and BIO courses to progress in the Nursing curriculum.
- Follow the established courses sequence and successfully complete all courses.
- Maintain a 2.0 GPA to progress in the nursing curriculum and to graduate.

My advisor has information regarding other colleges and transfer opportunities that I can investigate after completing my degree/diploma/certificate and I understand that if I would like more information I can schedule an appointment with him/her.

Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____

Student Name: _____ Student Signature: _____ Date: _____

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Student Name: _____ Student Signature: _____ Date: _____

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Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____