

Program Completion Guide

DIPLOMA - PRACTICAL NURSING (D45660)

Student Name:			ID #:	ID #: Date of Enrollment:		
Advisor Name:			Contact Information:			
Criminal background checks and/or do course. Failure to meet clinical agency student will not be allowed to progres	requi	rements will resu				
Note: Developmental coursev information.	vork r	may be requir	ed. Please refer to the	e Developmental E	Education Guid	e for additiona
Practical Nursing Diploma (D4566	50) Co	urse Requiremo			Semester Registered/	Semester Completed/
Courses	Cr.	Semester	Prerequisites	Corequisites	Planned	Grade
ACA 122 College Transfer Success (Course not required but recommended)	1	1 st year – fall	None	None		
BIO 165 Anatomy & 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		
NUR 101 Practical Nursing I*	11	1 st year – fall	Admission to Practical Nursing program	BIO 165		
PSY 150 General Psychology	3	1 st year – fall	ENG 002 or BSP 4002 or ENG 111	None		
BIO 166 Anatomy & Physiology II*	4	1 st year – spring	g BIO 165	None		
ENG 111 Writing and Inquiry	3	1st year – spring	g ENG 011	None		
NUR 102 Practical Nursing II*	10	1st year – spring		BIO 166		
NUR 103 Practical Nursing III*	9	1 st year – sumn	ner NUR 102	None		
NOTES: Must obtain a grade of "C" or be a *NUR and BIO courses must ha See course catalog for Prerequival Students please read the following and sit I understand that as an RCC student, I am time. Complete all curriculum course curriculum. Follow the established courses Maintain a 2.0 GPA to progress	ve a graisite/Co gn belo ultimates s with a	nde of 80 or better requisite requirements w: ely responsible for grade of "C" or be ce and successfully	to progress. ents. my schedule. I understand the tter; obtain a grade of 80 or he complete all courses.	at I must do the following	or it may affect my	ability to graduate or
My advisor has information regarding other understand that if I would like more information.				ate after completing my c	legree/diploma/cert	ificate and I
Student Name:			Student Signature:		Date:	
Advisor Name:			Advisor Signature:			
Student Name:			Student Signature:		Date:	
Advisor Name:			Advisor Signature:		Date:	

Academic Year: 2023 Spring & Summer Revised 11/1/2022

_____ Advisor Signature: _____ Date: _____

Student Name: _____ Student Signature: _____ Date: _____

Advisor Name: _____