



Student Program Audit Form

Student Name: _____ M#: _____

First Semester

PSY 101
BIO 144
NUR 110
NUR 111
MTH

Second Semester

ENG 101/200
BIO 145
PSY 212
NUR 112
NUR 050

Third Semester

BIO 202
SOC 101
NUR 210
NUR 211
NUR 212
HED/PE (1cr)

Fourth Semester

NUR 214
Humanity Elective (3cr)

Do not withdraw from any course before consulting with **your** academic advisor **and** the Financial Aid Office. Above is the list of co-requisites for each semester in the Nursing Program. Non-nursing courses must be taken prior to or during the semester in which they appear. Each semester's courses are pre-requisites for the next semester.

I acknowledge the above statements and understand the consequences of not following the program of study as outlined in this document.

(Student Signature for NUR 111)

(Date)

(Student Signature for NUR 112)

(Date)

(Student Signature for NUR 211/212)

(Date)

(Student Signature for NUR 214)

(Date)