

Student Program Audit Form

Student Name: _____ M#: _____

First SemesterPSY 101
BIO 144
NUR 110
NUR 111
MTH 160**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**Fourth Semester**NUR 214
PSY 108
HEG 215

Yes No Meets Pre-Reqs for NU01/02/03

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

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 signed / NUR 111)_____
(Student Signature for NUR 112)_____
(Date signed / NUR 112)_____
(Student Signature for NUR 211/212)_____
(Date signed / NUR 211/212)_____
(Student Signature for NUR 214)_____
(Date signed / NUR 214)