

Associate Degree Nursing Program Advising Sheet

Student Name: _____ ID#: _____

Advisor: _____ Goal: Associate of Applied Science Degree

Quarter Entered: _SP19 LPN-ADN full-time_ Semester Graduating: _____ AUG 20_____

1st Term: SP19

Course #	Course Title	Quarter Credits	Semester Credits	Grade
NURS1304		1.0		
HLTH 1070		6.0		
Total Credits				

2nd term: NO SUMMER 2019

3rd Term: FA19

Course #	Course Title	Quarter Credits	Semester Credits	Grade
NURS 2400		4.5	3.0	
NURS 2404		6.0	4.0	
Total Credits				

3rd Term: SP20

Course #	Course Title	Quarter Credits	Semester Credits	Grade
NURS 2501		6.0	4.0	
NURS 2502		6.0	4.0	
NURS 2503		1.0	1.0	
Total Credits				

4th Term: SU20 (10 week)

Course #	Course Title	Quarter Credits	Semester Credits	Grade
NURS 2602		6.0	4.0	
NURS 2603		6.5	4.5	
Total Credits				