

**EAST TENNESSEE STATE UNIVERSITY
OFFICE OF THE REGISTRAR
MAJOR PROGRAM SHEET
2nd Degree BSN**

This form should be completed and returned to the Office of Academic Programs & Student Services no later than the **second week** of the final semester. One copy, signed by the Advisor or Department Chair, is to be returned to the Graduation Office, Room 102B, Dossett Hall.

NAME: _____ ID#: _____

Major Accelerated Nursing/ 2nd Degree Graduation Date: _____

Concentration NURSING Catalog Year _____

DEPT	COURSE #	COURSE TITLE IN THE MAJOR DEPARTMENT	GRADE*	HOURS
FCNU	2030	HEALTH ASSESSMENT		4
ALNU	3010	PHARMACOLOGY FOR NURSING		3
ALNU	2016	PATHOPHYSIOLOGY: Concepts of Disease		4
PMNU	3120	PROFESSIONAL COMMUNITY BASED NURSING		4
ALNU	3030	FOUNDATION OF NURSING PRACTICE		4
ALNU	3031	FOUNDATIONS PRACTICUM		4
PMNU	3090	CARE OF PERSONS WITH PSYCHIATRIC DISORDERS		3
PMNU	3091	CARE OF PERSONS WITH PSYCHIATRIC DISORDERS PRACTCUM		3
FCNU	3080	CARE OF INFANTS & THEIR FAMILIES		3
FCNU	3081	CARE OF INFANTS & THEIR FAMILIES PRACTICUM		3
FCNU	3070	YOUNG ADULTS & CHILDBEARING FAMILIES		3
FCNU	3071	YOUNG ADULTS & CHILDBEARING FAMILIES PRACTICUM		3
FCNU	4120	POPULATION-BASED NURSING CARE II		3
ALNU	4040	CARE OF THE ADULT		4
ALNU	4041	CARE OF THE ADULT PRACTICUM		4
ALNU	4050	CARE OF OLDER ADULTS		3
ALNU	4051	CARE OF OLDER ADULTS PRACTICUM		3
PMNU	3220	NURSING THEORY & RESEARCH		3
PMNU	4060	TRANSITION TO PROFESSIONAL PRACTICE		3
PMNU	4061	SENIOR PRACTICUM		8

INDICATE TRANSFER WORK WITH AN ASTERISK*

Total number of Nursing hours completed: _____ Total to be taken: 71

***If course has not been completed, indicate when it is to be taken.**

Advisor's Signature: _____ Date: _____
Advisor

Student's Signature: _____ Date: _____

** If course is to be taken, indicate when course will be taken.
 Revised02/08 (per nursing curriculum revision)