TRANSFER INSTITUTION(S):
_____
_____
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CITY COLLEGE
MONTANA STATE UNIVERSITY BILLINGS

PRACTICAL NURSE
CERTIFICATE OF APPLIED SCIENCE

ADVISING WORKSHEET 2017-2018

Name _____

Jacket Student Central
Phone: 406-247-3019
Fax: 406-247-3095

Student ID _____

Course			Credits	Grade	Semester	Equivalent
Recommended Preparatory Courses						
Required Preparatory Courses						
PREREQUISITE COURSES						
First Semester						
BIOH	104	Basic Human Biology	3			
BIOH	105	Basic Human Biology Lab	1			
M	120	Math Health Care Applications	3			
PSYX	100	Intro to Psychology	3			
WRIT	101	College Writing I	3			

Students are chosen for progression into Practical Nursing based on a competitive application process. Practical Nursing is a spring semester start only and 15 students each spring will be accepted into the program. Please refer to http://cms.msubillings.edu/citycollege/programs/ProgLPN.htm and check with an Academic Advisor for further details.

Updated 10/12/2017

Second Semester						
NRSG	130	Fundamentals of Nursing	3			
NRSG	131	Fundamentals of Nursing Lab	3			
NRSG	135	Pharmacology for Practical Nurses	3			
NRSG	136	Pharmacology for Practical Nurses Lab	2			
NRSG	152	Gerontology and Community Nursing	2			
NRSG	153	Gerontology and Community Nursing Clinical	2			
Third Semester						
NRSG	140	Adult Health Nursing	4			
NRSG	141	Adult Health Nursing Clinical	3			
NRSG	142	Nursing Care of Women and Children	3			
NRSG	143	Nursing Care of Women and Children Clinical	1			
NRSG	148	Leadership Issues for Practical Nurses	2			
NRSG	149	Leadership Issues for Practical Nurses Clinical	1			

A grade of "C" or higher is mandatory in all required courses ***Total minimum credits required 42***

Suggested Plan of Study

PREREQUISITE

First Semester	**Credits**
BIOH 104	3
BIOH 105	1
M 120	3
PSYX 100	3
WRIT 101	3
TOTAL	**13**

Spring Second Semester	**Credits**	**Fall Third Semester**	**Credits**
NRSG 130	3	NRSG 140	4
NRSG 131	3	NRSG 141	3
NRSG 135	3	NRSG 142	3
NRSG 136	2	NRSG 143	1
NRSG 152	2	NRSG 148	2
NRSG 153	2	NRSG 149	1
TOTAL	**15**	**TOTAL**	**14**

Transcript evaluation (if applicable) completed by: _____on __/___/_____

2017-2018 City College CAS Practical Nursing Plan

Name_____

Student ID_____

Semester _____ **Semester _____**

Course	Credits	Course	Credits
Total		**Total**	

Competitive application to enter CAS Practical Nursing 2nd and 3rd semesters.

PN Spring 2nd Semester _____ **PN Fall 3rd Semester _____**

Course	Credits	Course	Credits
NRSG 130	3	NRSG 140	4
NRSG 131	3	NRSG 141	3
NRSG 135	3	NRSG 142	3
NRSG 136	2	NRSG 143	1
NRSG 152	2	NRSG 148	2
NRSG 153	2	NRSG 149	1
Total	**15**	**Total**	**14**

Number of earned credits that apply toward certificate: _____

Number of credits left to earn for certificate: _____

CERTIFICATION: The courses listed are **required** for the student's certificate.

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____