

Name _____

Anticipated Graduation Date _____

Original placement in developmental education courses is determined by ACT, ASSET, COMPASS, Accuplacer, or SAT test scores. I understand that if required to enroll in developmental education courses as a result of my test scores and Arkansas law, Act 1101, an additional semester may be required to complete my program of study. (*) following the course name signifies the program core courses.

Prerequisites (27 or 28 credit hours)			Semester	Hours	Grade
~BIOL	2004	Human Anatomy & Physiology I with Lab			4
~BIOL	2104	Microbiology with Lab			4
~BIOL	2414	Human Anatomy & Physiology II with Lab			4
~ENG	1003	Freshman English I			3
~ENG	1013	Freshman English II OR			3
~ENG	1023	Technical Writing			3
MTH	1213	Math for Healthcare Professionals OR			3 OR
MTH	1213L	Math for Healthcare Professionals with Lab			4
NRS	2203	Basic Human Nutrition			3
~PSY	2513	Introduction to Psychology			3

Professional Courses

First Semester (Spring-15 credit hours)

RNSG	2112	Nursing Process I*			12
RNSG	2123	Nursing Practicum I*			3

Second Semester (Summer-9 credit hours)

RNSG	2216	Nursing Process II*			6
RNSG	2223	Nursing Practicum II*			3

Third Semester (Fall-15 credit hours)

RNSG	2312	Nursing Process III*			12
RNSG	2323	Nursing Practicum III*			3

ACTS Transfer Courses

As mandated by Act 472 of 2007, I have been informed of the Arkansas Course Transfer System, and how to determine which courses will transfer to other Arkansas public institutions. Courses notated in the degree plan with the "~" symbol are considered ACTS courses. The Arkansas Course Transfer System (ACTS) contains information about the transferability of courses within Arkansas public colleges and universities. Students are guaranteed the transfer of applicable credits and equitable treatment in the application of credits for admissions and degree requirements. For further information the ACTS website link can be reached at <https://adhe.edu/students-parents/transfer-info-for-students>.

Student Signature _____ Date _____

Advisor Signature _____ Date _____