



Application for Graduation Bachelor of Science in Nursing (65 semester hours)

Last Name

First Name

Middle Name

Permanent Address

City

State

Zip Code

County

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Home Phone

Cell/Work Phone

Birthdate

Birthplace (City & State)

U.S. Citizen? Yes No

Alien Reg # _____

(if applicable)

Semester and year are you expect to graduate:

Fall/December

Spring/May

Year 20_____

Please PRINT your name EXACTLY as it is to appear on the diploma:

(print your name in the box above)

Student Signature

Date

Please email your completed form to Denise.M.Crayton@osfhealthcare.org

Bachelor of Science in Nursing Curriculum (65 Cr Hrs)

ADVISOR: Please refer to your copy of the Student Curriculum/Degree Audit Report in SONIS

<i>First Semester:</i>	<i>Credits</i>	<i>Cr Hrs Completed</i>
310 Health Assessment	3	
312 Pathophysiology	4	
314 Pharmacological Basis of Nursing Practice	3	
321 Learning Strategies for Nursing Students	1	
324 Conceptual Basis of Nursing I Theory	4	
325 Conceptual Basis of Nursing I Clinical	2	
Total Semester Credit Hours	17	
<i>Second Semester:</i>		
304 Nursing and Healthcare Ethics	3	
322 Concepts of Care for the Older Adult	3	
330 Conceptual Basis of Nursing II Theory	5	
331 Conceptual Basis of Nursing II Clinical	5	
Total Semester Credit Hours	16	
<i>Third Semester:</i>		
318 Research for Nursing Practice	3	
426 Conceptual Basis of Nursing III Theory	5	
427 Conceptual Basis of Nursing III Clinical	5	
434 Concepts in Nursing Management	3	
Total Semester Credit Hours	16	
<i>Fourth Semester:</i>		
412 Trends and Issues for Professional Nursing	3	
438 Conceptual Basis of Nursing IV Theory	5	
439 Conceptual Basis of Nursing IV Clinical	5	
431 - <i>3 Credit Hour Elective</i>	3	
Total Semester Credit Hours	16	
Total BSN Program Credit Hours	65	

ADVISOR: Please total up credit hours _____

Verified by: _____

Academic Advisor

Date

Form Submitted: _____

Admissions Department

Date

2021