



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

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

( )

( )

\_\_\_\_\_  
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 [austin.w.blair@osfhealthcare.org](mailto:austin.w.blair@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

<b><i>First Semester:</i></b>	<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	
<b>Total Semester Credit Hours</b>	<b>17</b>	
<b><i>Second Semester:</i></b>		
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	
<b>Total Semester Credit Hours</b>	<b>16</b>	
<b><i>Third Semester:</i></b>		
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	
<b>Total Semester Credit Hours</b>	<b>16</b>	
<b><i>Fourth Semester:</i></b>		
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 - <b><i>3 Credit Hour Elective</i></b>	3	
<b>Total Semester Credit Hours</b>	<b>16</b>	
<b>Total BSN Program Credit Hours</b>	<b>65</b>	

**ADVISOR:** Please total up credit hours \_\_\_\_\_

Verified by: \_\_\_\_\_

Academic Advisor

Date

Form Submitted: \_\_\_\_\_

Admissions Department

Date

2021