Revised: Core 4-26-2022 Imj Effective Fall 2023

Mineral Area College Degree Plan

Student Name:		Degree	e Plan	ID#:			
	As	ssociate d	of Scier				
		Nurs	sing				
		Advanced F	Placemer	nt			
		jor Code: AN		<u> </u>			
NUPSING	PROGRAM PRE-REQUISITES						
NONSING	FROGRAM FRE-REGOISHES				BRIDGE	COURSE	
<u>Sem</u> MAT1240	Quantitative Reasoning Math3	<u>Grade</u>			Summer S	Semester_	
BIO2600 BIO2620	Human Anatomy *		<u>Sem</u>	ADN1420	►LPN-ADN	Bridge *3	<u>Grade</u>
GUI1010 PSY1130	First Year Seminar 1 ^General Psychology 3 17		ADVANCED PLACEMENT COURS				
PRACTICAL NURSING PROGRAM CREDITS		3	L		Fall Sei	mester_	
			<u>Sem</u>	ADNIAFOF	Mad Com	Niveries II *	<u>Grade</u>
<u>Sem</u>		<u>Grade</u>		ADN1505 ADN1512	_	Nursing II *5 armacology *3	
NUR1290	Fund of Nursing *					gy*4	
NUR1300 NUR1350	Therapeutic Nutrition *			ADN1610	Nursing of	Children *5	
NUR1370	Basic Pharmacology *					17	
NUR1380	Med-Surg Nursing ❖12				Spring S	<u>emester</u>	
 NUR1410	Applied Pharmacology ❖ 1			ADN1480	Contempo	rary Nursing *1	
NUR1430	Mental Health Nursing * 4			A B N 14 E 4 E		Nursing III *5	
TSA0000	Technical Skills Assess <u>0</u>			POS1180		ical Systems or3	
	32			POS1130	Amer Nat'l	Government < or	
Total Hours (counting	g program pre-reqs) 75 - 78			HIS1230	Amer Histo	-	
				HIS1240	Amer Histo	•	
				HIS0000	MO H. Ed.	Civics Exam0	
*Course has pre-requisite			GDA:			9	i
or PSY 1250 or SOC 11	30		GFA			-	
or PN graduates from o	PN graduates prior to 1991 other schools.		NCI EV E	PN Application	Submitted:		
< No longer offered-will count if previously completed			NCLEX-RN Application Submitted:Semester/Year				-
 Not counted for Nursin 	g Credit hours						
 a. 24 Academic cree b. 51 - 54 Nursing c Complete all courses 	mester hours of required curriculum w dit hours. redit hours. s included in the Nursing curriculum w	ith a "C" or above).	e) or higher.			
 Application for Grad 	Mineral Area College credit must be i uation must be submitted during first 2 d to complete the NCLEX_RN for lice	weeks of the Spr		phomore Year)			

Date: _____

Advisor Signature _____