

**University of Arkansas  
Community College at Morrilton  
Department of Nursing  
Degree Options: CP/Nursing Assisting & TC/Practical Nursing**

Student ID: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Major: CP  TC

Expected Graduation: \_\_\_\_\_

<b>Fall or Spring Start</b>										
Semester 1 <input checked="" type="checkbox"/>						Semester 3 <input checked="" type="checkbox"/>				
Course ID	Course Title	Cr	Enrolled	Complete		Course ID	Course Title	Cr	Enrolled	Complete
BIOL 2004	Human Anat & Phys I	4	<input type="checkbox"/>	<input type="checkbox"/>		NUR 1207	Med Surg Nursing I	7	<input type="checkbox"/>	<input type="checkbox"/>
BIOL 2014	Human Anat & Phys II	4	<input type="checkbox"/>	<input type="checkbox"/>		NUR 1216	Clinical Practicum II	6	<input type="checkbox"/>	<input type="checkbox"/>
NUR 1004	Nursing Assistant	4	<input type="checkbox"/>	<input type="checkbox"/>		NUR 1222	Maternal/Child Nursing	2	<input type="checkbox"/>	<input type="checkbox"/>
<b>Credit Hours Semester 1: 15</b>						<b>Credit Hours Semester 3: 15</b>				
Semester 2 <input checked="" type="checkbox"/>						Semester 4 <input checked="" type="checkbox"/>				
Course ID	Course Title	Cr	Enrolled	Complete		Course ID	Course Title	Cr	Enrolled	Complete
NSG 1213	Math for Nurses	3	<input type="checkbox"/>	<input type="checkbox"/>		NUR 2002	Mental Health	2	<input type="checkbox"/>	<input type="checkbox"/>
NUR 1001	Pro. Ethical Issues	1	<input type="checkbox"/>	<input type="checkbox"/>		NUR 2206	Clinical Practicum III	6	<input type="checkbox"/>	<input type="checkbox"/>
NUR 1105	Basic Nursing	5	<input type="checkbox"/>	<input type="checkbox"/>		NUR 2207	Med Surg Nursing II	7	<input type="checkbox"/>	<input type="checkbox"/>
NUR 1106	Clinical Practicum I	6	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Credit Hours Semester 2: 15</b>						<b>Credit Hours Semester 4: 15</b>				

The course listings above outline a **recommended** sequence for completing courses for the above stated degree. Course offerings may change at the discretion of the Dean or the Vice Chancellor of Academic Services.

**Comments:**

By signing below, the student acknowledges being advised concerning the degree completion plan for this program.

Student's Signature: \_\_\_\_\_

Advisor: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_