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 ☐ Catalog used for Graduation: _____ Expected Graduation: _____

If the student is currently enrolled in a course, please enter semester/yr (ex. F20 or Sp21). If the course has been completed, enter the grade earned to the right of ✓.

Fall or Spring Start

Semester 1

Course ID	Course Title	Cr	Enrolled	Complete
ALHE 10204	Nursing Assistant	4	☐	☐
BIOL 24004	Human Anat & Phys I	4	☐	☐
BIOL 24104	Human Anat & Phys II	4	☐	☐
Credit Hours Semester 1:		**15**		

Semester 2

Course ID	Course Title	Cr	Enrolled	Complete
NURS 12143	Math for Nurses	3	☐	☐
PNUR 10001	Pro. Ethical Issues	1	☐	☐
PNUR 11005	Basic Nursing	5	☐	☐
PNUR 11036	Clinical Practicum I	6	☐	☐
Credit Hours Semester 2:		**15**		

Semester 3

Course ID	Course Title	Cr	Enrolled	Complete
PNUR 12037	Med-Surg Nursing I	7	☐	☐
PNUR 12106	Clinical Practicum II	6	☐	☐
PNUR 12202	Maternal/Child Nursing	2	☐	☐
Credit Hours Semester 3:		**15**		

Semester 4

Course ID	Course Title	Cr	Enrolled	Complete
PNUR 22002	Mental Health	2	☐	☐
PNUR 22036	Clinical Practicum III	6	☐	☐
PNUR 22137	Med-Surg Nursing II	7	☐	☐
Credit Hours Semester 4:		**15**		

*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.

_____ Advisor (Print)

_____ Advisor's Signature

_____ Student's Signature