



Student Name: _____

SF State ID Number: _____

Phone number: _____

Email address: _____

Please check one: **Nursing Bachelor of Science** **Generic Nursing Master of Science**

Semester admitted to the nursing program: **Summer** **Fall** **Spring** **Year** _____

Date expected to graduate from the nursing program: **Fall** **Spring** **Year** _____

**Nursing Prerequisite/*Co-Requisite Courses (BSN students)
Required by the California Board of Registered Nursing**

Course Title	College/University	Semester/ Quarter and Year	Grade
Anatomy with Lab			
Physiology with Lab			
Chemistry with Lab			
Microbiology with Lab			
*Nutrition with Lab			
Sociology or Anthropology (any 1 course in either)			
*Psychology			
Oral Communications			
Written Communications			
Statistics			

Nursing Courses Required by the California Board of Registered Nursing

New Curriculum (began class entering Summer/Fall 2006)	Grade	Semester/ Year	Old Curriculum (ended class entering Spring 2006)	Grade	Semester/ Year
N311			N111		
N312			N112		
N313			N113		
N314			N114		
N315			N115		
N316 (Not needed if entered the program prior to June 2008)			N116		
N321			N222		
N322			N223		
N323			N224		
N324			N225		
N334			N333		
N335			N334		
N336			N335		
N337			N336		
N338			N337		
N444			N444		
N445			N445		
N556 (BSN) or N706 (GMSN)			N556 (BSN) or N706 (GMSN)		
N557			N557		

Signed: _____
Student

Date: _____

I certify that the student has completed the above requirements and is eligible to sit for the NCLEX examination.

Signed: _____
Advisor

Date: _____