

UNIVERSITY OF HOUSTON-VICTORIA
SCHOOL OF NURSING
SECOND DEGREE BSN PROGRAM
BACHELOR OF SCIENCE IN NURSING DEGREE PLAN

NAME: _____

STUDENT NUMBER: _____

CATALOG YEAR: 2011-2012

DATE OF ADMISSION: _____

CONDITION(S) OF ADMISSION: _____

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Overall GPA	
GPA Nat/Soc Sci	
Immunization Record Complete	
Current CPR	
TEAS scores	

IN SIGNING THIS DEGREE PLAN, I ACKNOWLEDGE THAT I AM AWARE OF AND WILL BE BOUND BY THE FOLLOWING POLICIES:

- **I am familiar** with the mission of this program and will comply with the expectations outlined in the university catalog, new student orientation, and student handbook.
- **I am responsible** for maintaining high standards of academic honesty and ethical behavior as outlined on my course syllabi and in the student handbook, and will be sanctioned for falling below these standards.
- **I will receive** a photocopy of my official degree plan with all signatures that I may use to track my own progress in the program. Should I have questions about my enrollment, I am responsible for contacting my advisor to resolve these questions.
- **I am responsible** for verifying that I have completed the appropriate prerequisites for my courses, and I understand that my instructors have the discretion to administratively withdraw me from their courses should they discover that I have not completed the prerequisites. In this event, I will have no recourse and will not be eligible for a refund of tuition and fees associated with the course.
- **I am responsible** for complying with registration deadlines, financial aid deadlines, and tuition and fees deadlines.
- **I am responsible** for applying for graduation by the published deadline for the semester in which I will complete degree requirements.
- **Should I discontinue my enrollment** at UHV for 9 or more consecutive months for reasons other than involuntary military service, this degree plan will be invalid and a new degree plan complying with the current academic year's catalog must be filed.
- **Should degree requirements change** during my enrollment, at the discretion of the dean I may be required to comply with these changes provided that they will not appreciably increase the total credits I must complete to graduate.
- **I am responsible** for visiting the School of Nursing web page (www.uhv.edu/nursing) regularly for important updates, and for ensuring that the School of Nursing has correct contact information for me at all times.

The student is responsible for fulfilling all requirements on this degree plan.

This document is official only when it bears all signatures.

Student Signature _____ Date _____ Dean, School of Nursing _____ Date _____

Faculty Advisor _____ Date _____ Institutional Validation (Registrar) _____ Date _____

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	Hrs. req'd	Course Substitution	COMPLETED			Prerequisites, restrictions and/or remarks
			Transfer LD	Transfer UD	UHV	
PREREQUISITE COURSES	ENGL 1301	3				
	ENGL 1302	3				
	ENGL Literature	3				May take any Literature course
	HIST 1301	3				
	HIST 1302	3				
	GOVT 2301	3				
	GOVT 2302	3				
	PSYC 2301	3				
	PSYC 2314	3				
	SOCI 1301	3				
	Statistics	3				May take MATH 1342 or PSYC 2317
	Computer Appl.	3				
	Visual/Perf. Arts	3				May take Art, Drama, or Music
	Speech	3				May take SPCH 1311, 1315, 1318, or 1321
	Nutrition	3				
	BIOL 2401	4				Lab included
	BIOL 2402	4				Lab included
BIOL 2420	4				Lab included	
Chemistry	4				May take Introduction to Chemistry w/lab	
ACADEMIC CONCENTRATION NURSING	NURS 3230	2				
	NURS 3247	2				
	NURS 3331	3				Prerequisite NURS 3230
	NURS 3332	3				Prerequisite NURS 3331
	NURS 3337	3				
	NURS 3440	4				
	NURS 3631	6				
	NURS 3633	6				Prerequisite(s) NURS 3230, 3331, 3440
	NURS 3735	7				Prerequisite NURS 3634
	NURS 3737	7				Prerequisite NURS 3636
	NURS 3634	6				Prerequisite NURS 3633
	NURS 3636	6				Prerequisite NURS 3631
	NURS 4200	2				
NURS 4314	3				Statistics course	
TOTAL SEM HOURS	121				Satisfy minimum 120 s.h. requirement and minimum 30 s.h. of upper division hour requirement.	