

**SCHOOL OF NURSING - MAJOR CLEARANCE
BACHELOR OF SCIENCE DEGREE IN NURSING**

Semester/Year of Graduation: _____ / _____

Name _____
Last
First
Middle

Student I.D. Number _____

Telephone _____ E-mail _____

Instructions: Complete this form in ink. Provide exact course numbers (and semester/year when taken) of all work completed. If you repeated a course, list all attempts. Submit this form to the School of Nursing office, attn. Julie Garnett, for approval. A copy will be made for your file in the nursing office and the original will be forwarded to the Academic Evaluations office for you.

Course Number	Course Title at CSU, Chico	Semester/Year course taken	Name of College where course was taken	Sem. Units	Grade
NURS 255	Evidence-Based Practice			1	
NURS 283	Nursing Foundations			4	
NURS 284	Practicum in Nursing Foundations			4	
NURS 285	Nursing Assessment			3	
NURS 303	Med_Surg Nursing I/Pharm			4	
NURS 304	Practicum in Acute Care			4	
NURS 311	Nursing Informatics			2	
NURS 312	Nursing Research			2	
NURS 313	Maternal-Child Nursing			4	
NURS 314	Practicum Maternal-Child Nursing			3	
NURS 343	Med-Surg Nursing II			3	
NURS 344	Med-Surg Nursing II Clinical			2	
NURS 400	Capstone Nursing Simulation Practicum			2	
NURS 403	Integrative Nursing Theory			2	
NURS 404	Practicum Integrative Nursing			2	
NURS 412	Health Policy			1	
NURS 413	Nurs. Mgmt. Maladaptive Behavior			3	
NURS 414	Pract Mgmt. Maladaptive Behavior			2	
NURS 422	Leadership/management/Prof Issues Nursing			3	
NURS 424	Pract. in Patient Care Mgmt.			3	
NURS 474	Pract. Community Health Nursing			3	
NURS 475	Public Health Nursing			3	

Required – Supporting Courses						
Enter course number below		Semester/Year course taken		Name of College where course was taken	Sem. Units	Grade
	Human Anatomy				4	
	Human Physiology				4	
	Allied Health Microbiology				4	
	Chemistry				4	
	Academic Writing				3	
	Speech Comm. Fundamentals				3	
	Small Group Communication				3	
	Critical Thinking				3	
	Statistics				3	
	Child Development or Human Development				3	
	Basic Nutrition				3	
	Human Nutrition				3	
	Principles of Psychology				3	
	Human Cultural Diversity				3	
	Cultural Anthropology				3	
	Introduction to Sociology				3	

Applicant Certification:

I understand this form represents a request for clearance in my major only, and that I will receive an official report of my status toward completion of University requirements from the Evaluations Office.

Student Signature _____ Date _____

School of Nursing Director Approval:

This certifies the courses listed constitute an approved major.

School Director _____ Date _____