

**Accelerated Second Degree BSN Program
Prerequisite Course Review Request Form**

Last Name **First Name**

Email Address **Phone Number**

Course Abbrev & # **Complete Course Name**

College | University where course taken **City, State, Country**

#Credits **Number Grade Earned** **Semester | Year Completed**

2 yr Instit or 4 yr College | Univ (circle) **Semesters | Tri-mesters | Quarters (circle)**

MSU CON Prerequisite Course you are requesting substitution for (circle):

ANTR 350 (Anatomy) **PSL 250** (Physiology) **CEM 141** (Chemistry)

MMG 201 (Microbio) **NUR 300** (Pathophysiology) **PHM 350** (Pharmacology)

STT 200 (Statistics)

HDFS 225 (Human Development) **HNF 260** (Nutrition) **PSY 101** (Psychology)

College of Nursing Use Only

Institution Accreditation Verified **Yes** **No**

Course Review **Approved** **Denied- Reason** _____

Signature: _____

Director of Undergraduate Programs

Date