

Prerequisite Course Review
Accelerated Second Degree Program

Last Name _____ First Name _____

Home Phone # _____ Cell Phone # _____

Mailing Address _____ City/State/Zip Code _____

E-mail Address _____

Complete Course Name _____ Course # _____

of Credits _____ Grade earned _____ Year/Semester Completed _____

Name of College/University _____ City/State _____

Please check one: 2 year College 4 year College or University

Please check one: semester system quarter or other system _____

Please attach: One copy of the course syllabus

One copy of an official course description from a program catalog, web-site or other institutional document

College of Nursing Use Only

Verification of college/university accreditation: ____yes ____no Date: _____

Course Review: ____approved ____denied Date: _____

Reason for course denial: _____

Signature: _____

Director, Undergraduate Programs