

State University of New York Downstate Medical Center

College of Nursing

Bachelor of Science with a Major in Nursing

Program of Study Acknowledgment for Fall **2015** Matriculants

(It is the student's responsibility to maintain and update this advisement record and bring it to meetings with his/her advisor.)

Student ID No. _____ Name _____ Phone _____

Address _____ City, State, ZIP Code _____

Program Requirements

The credits required for your degree are listed below. The 65 credits upper-division program includes 27 credits (eight Nursing courses), which may be achieved through passing the Nursing Acceleration Challenge Examinations. This Program of Study form reflects the curricular requirements listed on the **College of Health Related Professions • College of Nursing website (www.downstate.edu)**. Students are responsible for familiarizing themselves with the website, the most recent SUNY Downstate Medical Center **Student Handbook** and the individual program student manual.

Transfer Courses

Undergraduate transfer credits may be awarded for statistics and pathophysiology when these courses are comparable to those offered by the College and when they are taken in addition to the 60 credits required for admission.* Of the seven (7) credits required for electives, a maximum of four (4) credits of elective work may be approved for program of study transfer credit from other accredited schools. Courses in the areas of Physical Assessment, Research, Principles of Teaching and Learning can be evaluated for equivalence. Please refer to the **most recent Student Handbook** for specific information and guidelines regarding the award of transfer credit.

Junior Year - Fall Semester Courses (9-13 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRBS 3000	Professional Nursing Practice in Health Promotion	4
_____	_____	_____	NRBS 3110	Introduction to Health Assessment	3
_____	_____	_____	NRBS 3150	Professional Nursing Development	2
_____	_____	_____	*Nursing Elective		4

Junior Year - Spring Semester Courses (38 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRBS 3300	Principles of Teaching and Learning	2
_____	_____	_____	NRBS 3600	Contemporary Issues in Health Care	3
_____	_____	_____	PAPH 6300	Pathophysiology	3
_____	_____	_____	NRBS 4600	Introduction to Statistics	3
_____	_____	_____	Nursing Acceleration Challenge Exam (NACE)		27
_____	_____	_____	or		
_____	_____	_____	NRBS 3240	Foundations of Drug Calculation and Preparation	1
_____	_____	_____	NRBS 3250	Introduction to Pharmacology	2
_____	_____	_____	NRBS 3400	Professional Nursing and the Childbearing Client	4
_____	_____	_____	NRBS 3500	Professional Nursing and the Hospitalized Client	4
_____	_____	_____	NRBS 4000	Professional Nursing with Adults	4
_____	_____	_____	NRBS 4100	Professional Nursing Mgmt of Children Experiencing Stressors	4
_____	_____	_____	NRBS 4200	Professional Nursing Mgmt of Adults with Complex Stressors	4
_____	_____	_____	NRBS 4300	Professional Nursing and Psychosocial Issues	4

Senior Year - Fall Semester Courses (14 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	NRBS 4360	Organizational and Systems Leadership in Nursing	4
_____	_____	_____	NRBS 4410	Professional Nursing Practice with Clients in the Community	4
_____	_____	_____	NRBS 4650	The Research Process and Evidence-Based Practice	3
_____	_____	_____	NRBS 4700	Nursing Elective	3

TOTAL CREDITS REQUIRED 65

Anticipated Date of Graduation (Circle Month & Year): May August December 2016 2017 2018

I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the degree of Bachelor of Science with a major in Nursing from the State University of New York Downstate Medical Center. The academic policies regarding the other components of the degree are published in the most recent SUNY Downstate **Student Handbook**, and should be reviewed to ensure my academic success.

Orientation:

Signature of Student _____ Date _____

Signatures of Faculty Advisor (Date) _____