

Nursing (RN) Pre-Major – Educational Plan
From 2003-04 to Present

STUDENT: (Last) _____ (First) _____

STUDENT ID #: _____ Catalog Year: _____

Prerequisite Program Requirements

Pre-Nursing Courses	GE Area	Notes	IF NOT SCC course, list course completed and institution	MIN REQ	Grade	Units	"X" appropriate one		
							COMP	IP	NEED
BIOL 430	Area IV	Overall 3.0 GPA		5					
BIOL 431				5					
BIOL 440				4					
ENGWR 300	Area II (a)	Overall 2.5 GPA		3					
FCS 340	Area III (b)			3					
FCS 324	Area V (b)			3					
PSYC 300				3					
NOTE: SCC Program – Courses listed below are NOT required prior to applying for the program. SCC Extended Program (Sutter Health) – Courses listed below are required if applying to the CORE program only.									
COMM 301 or COMM 331	Area II (b)		(Can be taken with NURSE 405)	3					
SOC 300 or ANTH 310	Area V (b) Area V (b) and VI		(Can be taken with NURSE 415)	3					
TOTAL				32					

AA/AS General Education Requirements

GENERAL EDUCATION REQ.		COURSE Completed (if not SCC, also list institution)	Met by Prereq. Course	MIN	"X" appropriate one		
AREAS					COMP	IP	NEED
I	Humanities			3			
II (a)	Languages & Rationality, English Composition			3			
II (b)	Languages & Rationality, Comm. & Analytical Thinking			3			
III (a)	Living Skills – P.E.			1			
III (b)	Living Skills – Life Development Skills			2			
IV	Natural Sciences			3			
V (a)	Social & Behavioral Sciences, American Institutions			3			
V (b)	Social & Behavioral Sciences, Other			3			
VI	Ethnic/Multicultural Studies			0-3			
TOTAL				21-24			

Pre/Co-requisite and Basic Skills Course(s)
(only list courses "IN PROGRESS" or still "NEED")

COURSE	IP	NEED	COURSE	IP	NEED

Competencies

**Possession of an AA/AS Degree or higher from an accredited college in the U.S. satisfies reading and writing requirements only.

COMPETENCY REQUIREMENTS	COURSE / EXAM	COMPLETED	IP	NEED
Writing**				
Reading**				
Mathematics				

Student possess a bachelor's degree from _____ which is CHEA accredited; therefore, student has satisfied **ALL SCC general education and competency requirements.**

Counselor Signature: _____ Date: _____

(Print name) _____

COMPLETE AND SUBMIT TO RUIZ
It will be sent to the Admissions & Records Office.