



Student Name: _____

SF State ID Number: _____

Phone number: _____

Email address: _____

Please check one: **Nursing Bachelor of Science**

Generic Nursing Master of Science

Admitted to start the nursing program:

August

January

Year _____

Anticipated completion date of nursing program requirements: _____

**Nursing Prerequisite/*Co-Requisite Courses
Required by the California Board of Registered Nursing**

Course Title	College/University	Semester or Quarter and Year the course was taken	Grade
Oral Communication			
Written Communication			
Statistics			
Microbiology w/ lab			
Anatomy w/ lab			
Physiology w/ lab			
Chemistry w/ lab			
*Nutrition			
*General Psychology			
Sociology or Cultural Anthropology (any one course in either)			

SF State Nursing Courses Required for NCLEX Eligibility

Course	Grade	Semester/ Year
N311: Health Assessment		
N312: Foundations in Nursing Theory		
N313: Foundations in Nursing Practicum		
N314: Nursing Skills Lab		
N315: Pharmacology		
N316: Health Assessment Skills Lab (Not needed if entered the program prior to June 2008)		
N321: Pathophysiology		
N322: Medical Surgical Nursing Theory		
N323: Medical Surgical Nursing Practicum		
N324: Geriatric Nursing Theory		
N334: Maternity Nursing Theory		
N335: Maternity Nursing Practicum		
N336: Pediatric Nursing Theory		
N337: Pediatric Nursing Practicum		
N338: Nursing Research		
N444: Psychiatric/Mental Health Nursing Theory		
N445: Psychiatric/Mental Health Nursing Practicum		
N556: Nursing Leadership Theory		
N557: Capstone Practicum		

Signed: _____

Student

Date: _____

I certify that the student has completed the above requirements and is eligible to sit for the NCLEX examination.

Signed: _____

Advisor

Date: _____