



Office of the Registrar
 2202 Hedgecock
 227-2278
 Fax: 227-2231

Post-Baccalaureate Prerequisite Check List School of Nursing Applicants

Name: _____ IN: _____

Required Course	Credits	Grade	School
BI 201			
BI 202			
BI 203			
CH 109			
or CH 107/111			
or CH 108/112			
HN 301A			
HN 301B			
PY 100			
SO 101			

(C- or better is required in all courses)

Degree Awarded: _____

Year Degree Awarded: _____

Comments: _____

Signature: _____ **Date:** _____

Registrar's Office

- This form is for students who have earned a bachelor's degree from a University other than NMU and wish to use transfer credits towards pre-requisite courses.
- **This form is to be submitted in an envelope sealed and stamped by the registrar.**