Click or tap here to enter text.

Choose an item.

Please list all required NON-NURSING courses.

Indicate the type of credit granted: Semester Hours [ ]  Quarter Hour [ ]

Clock/Contact hours are the ***TOTAL number of hours for the ENTIRE term***. Please do not give ratios.

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| **Course Number** **Course Title**  | **Total Credit Hours** | **TOTAL Theory Clock/ Contact Hours** | **TOTAL Lab Clock/ Contact Hours** | **Comments** |
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Tables may be expanded as needed.