

DAKOTA WESLEYAN UNIVERSITY
Arlene Gates Department of Nursing
LPN-B.S. NURSING PROGRAM – SIOUX FALLS
PLAN OF STUDY
FALL START

DWU ID# _____ Student's Name _____

College GPA _____ Date enrolled in nursing program _____

TERM	COURSE	COURSE TITLE	CR	GR	TERM	COURSE	COURSE TITLE	CR	GR
YEAR _____									
FA1	COR 101	Interdisciplinary Investigations	3		FA1	MTH 125	College Algebra	3	
FA2	SOC 152	Intro to Sociology	3		FA2	CHM 174	Organic and Biochemistry	4	
YEAR _____									
SP1	NUR 230	Fundamental Nursing Concepts 1	4		SP1	BIO 330	Anatomy and Physiology II	4	
SP2	NUR 232	Fundamental Nursing Concepts 2	3		SP2	BIO 333	Microbiology	4	
SU1	NUR 330	Advanced Nursing Concepts in Mental Health	4		SU1	COM 210	Interpersonal Communication	3	
SU2	NUR 332	Nutrition Concepts in Health and Illness	3		SU2	PSY 237	Developmental Psychology	3	
FA1	NUR 334	Nursing Concepts in Pathophysiology	3		FA1	ADL310	Literature and Writing for the Professional	3	
FA2	NUR 336	Nursing Concepts in Pharmacology	3		FA2	ADL 320	Statistics	3	
YEAR _____									
SP1	NUR 338	Nursing Concepts in Maternal Health	3		SP1	ADL 340	Ethics	3	
SP2	NUR 340	Advanced Nursing Concepts	5						
SU1	NUR 430	Nursing Concepts in Research and Leadership	3		SU1	NUR 432	Nursing Concepts in Community	4	
SU2	NUR 434	Nursing Concepts in Pediatrics	4		SU2	ADL 330	Service and Justice for the 21 st Century	3	
FA1	NUR 436	Complex Nursing Concepts	3		FA1	ADL 370	Exploring History and Culture	3	
FA2	NUR 438	Concept Synthesis/Senior Capstone Clinical	7						

29 credits (LPN Licensure) + 42 General Education Requirements + 49 Nursing Credits= 120 credits Total

The student's signature indicates understanding of the following:

1. It is the student's responsibility to be familiar with the policies and procedures for completion of the LPN-B.S. nursing degree as listed in the college catalog and on the DWU nursing website.
2. Not following this plan of study will result in delayed completion of the program.
3. It is the student's responsibility to consult with the academic advisor prior to any change to the plan of study.

Student Signature: _____ **Date:** _____