

SUMMER REGISTRATION POLICY FOR TRADITIONAL BSN CLINICAL NURSING COURSES

PURPOSE:

To facilitate equitable registration of students for summer clinical courses

POLICY:

In order to provide equitable summer clinical nursing course registration for students and a sound educational experience, the following guidelines will be used.

PROCEDURE:

1. Students must have a cumulative GPA of 3.0 or higher at the end of Fall semester to register for summer clinical courses.
2. Pre-requisite courses must be completed prior to entering summer clinical courses.
3. Students with a 3.0 and above cumulative GPA will be prioritized for summer clinical courses based on the following criteria. *
 - Cumulative GPA rounded to the one hundredth place
 - Number of hours left to complete the nursing program of studies
 - Failure of more than one general education course
 - Failure of any BSN nursing courses

*In the event that selection criteria are equal among students, and the number of eligible students exceeds class slots, a randomized process will be used to determine which students are selected.

4. The student and advisor will meet and complete the Checklist for Summer BSN Clinical Courses and submit by the Department of Nursing published deadline.

Effective 1/00

Revised 2/00, 12/05, 12/07, 6/09

Reviewed 4/01, 1/03, 8/04, 1/05, 8/06, 8/07, 8/08

CHECKLIST FOR SUMMER

BSN CLINICAL COURSES

To be completed by the student and their nursing advisor.

1. Provide GPA (rounded to the nearest hundredth) **as of the Fall semester** before entering the summer clinical course(s) (must be => 3.00). **Attach a current copy of the transcript.** _____ GPA

2. Will all prerequisite courses be completed before summer BSN nursing course(s) begins. YES NO

List any remaining any pre/co-requisite coursework that will be taken with the summer clinical course below.

<i>Pre/Co-Requisite Coursework to be taken with the nursing clinical course</i>

3. Has student failed more than one general education course? YES NO
List failed general education courses below.

<i>Course and Date</i>	<i>Grade</i>	<i>Course Retake and Date</i>	<i>Grade</i>

4. Has student failed any nursing courses? YES NO
List failed nursing courses below.

<i>Course and Date</i>	<i>Grade</i>	<i>Course Retake and Date</i>	<i>Grade</i>

5. List courses remaining to complete the BSN program, **including the summer semester.**

<i>Course Number</i>	Credit Hours	<i>Course Number</i>	Credit Hours

Total remaining credits to complete the NS Program _____

Student Signature

Date

Faculty Advisor Signature

Date

*Reviewed 7/02, 1/03, 8/04, 1/05, 8/07, 8/08
Revised 12/05, 12/0, 6/09*