

Louisiana State Board of Practical Nurse Examiners
REQUEST FOR ADVANCED STANDING APPROVAL
COURSE CREDIT & PLAN FOR COMPLETION
(July, 2010)

Date of Request _____ PN Program _____

Name of Student _____ Admit date of class entering _____

Transfer Course Name _____

Completed at _____ When _____

Grade _____ Numerical Equivalent if letter grade _____ Challenge exam grade _____

Number of course clock hours: Theory _____ Clinical _____

Satisfies your course objectives for _____

Transfer Course Name _____

Completed at _____ When _____

Grade _____ Numerical Equivalent if letter grade _____ Challenge exam grade _____

Number of course clock hours: Theory _____ Clinical _____

Satisfies your course objectives for _____

Transfer Course Name _____

Completed at _____ When _____

Grade _____ Numerical Equivalent if letter grade _____ Challenge exam grade _____

Number of course clock hours: Theory _____ Clinical _____

Satisfies your course objectives for _____

Transfer Course Name _____

Completed at _____ When _____

Grade _____ Numerical Equivalent if letter grade _____ Challenge exam grade _____

Number of course clock hours: Theory _____ Clinical _____

Satisfies your course objectives for _____

Transfer Course Name _____

Completed at _____ When _____

Grade _____ Numerical Equivalent if letter grade _____ Challenge exam grade _____

Number of course clock hours: Theory _____ Clinical _____

Satisfies your course objectives for _____

Number of clock hours granted to this student:

_____ theory hours _____ lab hours _____ clinical hours

PLAN FOR COMPLETION

Indicate what courses will be taken in which semester. If your program does not follow semesters, give dates.

SEMESTER:	SEMESTER:	SEMESTER:	SEMESTER:

This student will have successfully completed a total of:

_____ theory hours _____ lab hours _____ clinical hours

By the anticipated completion date of _____.

(Graduates must have a minimum of 700 clock hours of theory and 800 clock hours of clinical experience)

Practical Nursing Program Coordinator

Initial all that apply:

_____ This student has had a break in attendance. The student has been fingerprinted and a pink Evaluation for Admission to a Practical Nursing Program form and fee has been submitted to LSBPNE.

_____ This student has not had a break in attendance. The pink Evaluation for Admission into a Practical Nursing Program form has been submitted to LSBPNE.

_____ A statement on school letterhead is attached explaining why I am accepting a grade of less than 80% and/or a course completion date of greater than 4 years.