

Louisiana State Board of Practical Nurse Examiners

REQUEST FOR ADVANCED STANDING APPROVAL

COURSE CREDIT & PLAN FOR COMPLETION

May 2014

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 _____

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Completed at _____ When _____
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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 statement below if applicable:

_____ 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.