St. John's College, Department of Nursing
Springfield, Illinois

Lincoln Trail College: Required Freshman and Sophomore EQUIVALENT courses.

Course #:	Course Title:	Credit Hrs.:	Grade:	Date Completed:
Communications/Humanities: 15 total hours				
ENG 1111	Composition I	3	_____	_____
ENG1121	Composition & Analysis	3	_____	_____
PHI 1111	Introduction to Philosophy	3	_____	_____
or				
PHI 2111	Introduction to Logic	3	_____	_____
Electives: 6 hours:**	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**Recommended elective(s): SPE 1101 Fundamentals of Effective Speaking (3)

Physical Science: 19 total hours*				
LSC 2111**	Human Anatomy & Physiology I	4	_____	_____
LSC 2112	Human Anatomy & Physiology II	4	_____	_____
CHM 1120	Introductory Chemistry	5	_____	_____
HEC 1101	Nutrition	3	_____	_____
LSC 2110	General Microbiology	4	_____	_____

***Required science courses must be completed with a minimum grade of C within the last five years prior to enrollment in St. John's College.**
****To assure course content covers all body systems and no body system is missed, both courses of Human Anatomy & Physiology must be completed at the same institution. St. John's College does not guarantee to accept transfer credit if the entire sequence is not completed at the same institution.**

Social Science: 12 total hours				
PSY 1101	General Psychology I	3	_____	_____
SOC 2101	Principles of Sociology	3	_____	_____
PSY 2109	Human Growth & Development	3	_____	_____
PLS 2101	Government of the United States	3	_____	_____
Or				
PLS 2102	American Nat'l Policy Govt. Making Adm.	3	_____	_____
Quantitative: 3 total hours				
MTH 1131	Introduction to Statistics	3	_____	_____

General Electives: 7 semester hours with Liberal Arts & Science base. All electives must be college transferable.**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Recommended general elective(s): CIS 1101 Intro Computer Applications / ANTH 2101 Anthropology (3)

Lower Division Total Hours _____

For office use only: Date(s) Reviewed: Signature:
Lower Division Total Hours : _____ Q.P.:_____ C.G.P.A.:_____

Student Signature:_____Date:_____

Updated 5/6/13 LM