Academic Year: 200809
Semester: SPRING

BON SECOURS
MEMORIAL SCHOOL OF NURSING

Registration

Student Social Security Number
_____-_____-_____

_____
Last Name First Daytime Phone

Subject Prefix	**Course #**	**Course Title**	**Days**	**Times**	**Credits**
NUR					
NUR					
NUR					
List below required non-nursing courses to be taken this semester in addition to nursing courses					
Subject Prefix	**Course #**	**Course Title**	**School Attending**		**Credits**
PLEASE NOTE: ***School Attending must be indicated on this form for correct processing of general education courses.***					

Total Semester Credits_____

_____ _____
Student's Signature Date Advisor's Signature Date