

LAKEVIEW COLLEGE OF NURSING  
**PROGRAM PLAN**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Program/Track:

- BSN  
 RN/BSN

- ACCELERATED  
 TRADITIONAL

CAMPUS:

- DANVILLE  
 EIU-CHARELSTON

Advisor: \_\_\_\_\_ YEAR: 20 \_\_\_\_\_

FALL YEAR: 20			SPRING YEAR: 20			SUMMER YEAR: 20		
Course	Number	Hours	Course	Number	Hours	Course	Number	Hours
Total Hours:			Total Hours:			Total Hours:		

FALL YEAR: 20			SPRING YEAR: 20			SUMMER YEAR: 20		
Course	Number	Hours	Course	Number	Hours	Course	Number	Hours
Total Hours:			Total Hours:			Total Hours:		

FALL YEAR: 20			SPRING YEAR: 20			SUMMER YEAR: 20		
Course	Number	Hours	Course	Number	Hours	Course	Number	Hours
Total Hours:			Total Hours:			Total Hours:		

ADVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Routing Copies: Yellow—Student, White—Academic File*