



PREREQUISITE FORM LICENSED PRACTICAL NURSING

Please return this form to:
Southeast Tech
2320 N Career Ave, Sioux Falls, SD 57107
Phone: 605-367-6040 or 800-247-0789
Fax: 605-367-8305
Email: Admissions@southeasttech.edu

Student Name (Please Print)

Southeast Tech ID Number (if known)

Thank you for submitting your application to the Licensed Practical Nursing program here at Southeast Tech! **Prior to starting the nursing program students must successfully complete the required prerequisite courses listed below.** Students can either take these courses at Southeast Tech or transfer some/all of these credits from a previous college or university.

Transferring Courses:

In order to transfer credits to Southeast Tech, students need to provide Southeast Tech with an official, sealed copy of their transcripts from the Registrar of the institution. Only credits with a grade of "C" or better from an accredited institution are eligible for transferability. All transfer credits are subject to review and approval by the Southeast Tech's Registrar.

Taking the prerequisite classes at Southeast Tech:

Students may take some or all of the prerequisite courses as Southeast Tech by enrolling in the semester prior to the program start date. For example, this may mean taking the prerequisite courses in the Fall semester (August), and starting the LPN program courses in the Spring semester (January).

Please check the boxes below indicating your plan for the prerequisite courses:

Student Success	SSS 100	<input type="checkbox"/> Transfer this course/complete	<input type="checkbox"/> Take at Southeast Tech
Composition	ENGL 101T	<input type="checkbox"/> Transfer this course/complete	<input type="checkbox"/> Take at Southeast Tech
College Math	MATH 100	<input type="checkbox"/> Transfer this course/complete	<input type="checkbox"/> Take at Southeast Tech
General Psychology	PSYC 101T	<input type="checkbox"/> Transfer this course/complete	<input type="checkbox"/> Take at Southeast Tech
CNA	HC 106	<input type="checkbox"/> Transfer this course/complete	<input type="checkbox"/> Take at Southeast Tech
Medical Language	HC 117	<input type="checkbox"/> Transfer this course/complete	<input type="checkbox"/> Take at Southeast Tech
Anatomy/Physiology (Lecture/Lab)	HC 118	<input type="checkbox"/> Transfer this course/complete	<input type="checkbox"/> Take at Southeast Tech

Based on the information above, the following statement best describes my program plan:

- I have completed the all of the prerequisite courses and plan to start directly into the LPN program.
- I have not completed one or more of the prerequisite courses and plan to attend a semester before the LPN program begins.

Prerequisite Start (Fall, Spring or Summer)

Program Start (Fall, Spring or Summer)

Signature: _____

Date: _____