School of Nursing Junior Review

Student Name: ___________________________Advisor: ________________________________

Date of meeting: ______________________

This form should be completed during the student’s School of Nursing Junior Review meeting with their faculty advisor. Please check off each topic as it is discussed.

____ Review the student’s CAPP report:
  • Is the number of credits assigned correct?
  • Has the student met all entrance requirements?
  • Does the student agree with how credits have transferred?
  • Does the student agree with the number of courses remaining for graduation, both general education and nursing?

____ Review the student’s plan for their remaining 2 years of study:
  • Is this plan realistic?
  • Have all gen eds been accounted for?
  • Does the student have a plan for their Senior II semester (full or part-time)? If the student intends to go part-time, have they discussed this with the Office of Financial Aid?
  • Is the student aware of the 32 hour rule?
  • Is the student aware of post-matriculation gen ed restrictions?

____ Discuss nursing coursework to date:
  • What are the student’s strengths?
  • Where does the student struggle?
  • What advice does the advisor have for the student as s/he moves forward?

____ Review/discuss ATI exams and scores to date:
  • Student should bring paper copies of all ATI test results to the meeting to review with their advisor.
  • What questions does the student have about the ATI?
  • What plan does the student have to improve ATI scores?

____ Discuss the portfolio
  • What has the student completed to date?
  • What questions does the student have about the portfolio?

Comments: __________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
In signing this document, we agree that all of the above points have been addressed to our satisfaction.

Advisor Signature: ____________________________________________

Student Signature: ____________________________________________

The student should return this signed and completed form to the School of Nursing office no later than