UCDMC Center For Nursing Education

COURSE ROSTER

COURSE NAME: BRIDGES TO EXCELLENCE: 4-hour Experience _____

COURSE NUMBER: 0 5 9 7 6   **Course Start Date:**   /   /   **Course End Date:**   /   /
                                                                  mm / dd / yy   mm / dd / yy

INSTRUCTOR # :   **(1)**   6 6 6 6 6   **(2)** _____   **CLASS HOURS:**   2 . 0

INSTRUCTOR NAME(S):   Self Study _____

PLEASE PRINT CLEARLY

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