THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
TRADITIONAL PROGRAM – JUNIOR STUDENTS – OKLAHOMA CITY CAMPUS

FALL REGISTRATION / YEAR _____

Name and Address changes must be processed by completing a Name and Address Change form located at
http://www.ouhsc.edu/admissions/PDF/NameAddressChangeForm.pdf

Student ID (7-digit #): _____

Name: _____
     First   *Middle*   *Last*   *Maiden*

Current Address: _____

Permanent Address: _____

Home Phone: _____   **Permanent Phone:** _____

Employment _____   **Work Phone:** _____   **Ext.** _____

E-mail Address: _____

NURSING COURSES *(Please check which classes you want to enroll in for Fall)*

	Dept	Course	Section	Title	Credit Hours
☐	NURS	3024	100 / 101	Clinical Nursing I w/ Lab	4
☐	NURS	3033	100	Human Experience in Health	3
☐	NURS	3043	100 / 101	Health Assessment w/ Lab	3
☐	NURS	3062	100	Intro to Professional Nursing Practice	2
☐	NURS	3083	100	Pharmacology in Nursing	3

NORMAN COURSES AND/OR OTHER COURSES

	Dept	Course	Section	Title	Credit Hours
☐					
☐					
☐					
☐					

Signature: _____   **Date:** _____

Office Use Only

☐	Bursar Hold_____	☐	Enrollment Request # _____
☐	Transcript Hold_____	☐	Completed by _____
☐	Financial Aid Hold_____	☐	Date Completed _____
☐	Certification Hold_____		
☐	Other_____		