

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
ABS N PROGRAM – OKLAHOMA CITY CAMPUS**

SPRING 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 Spring)

<input type="checkbox"/>	<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
<input type="checkbox"/>	NURS	3143	101	Family Focused Nursing	3
<input type="checkbox"/>	NURS	4034	100	Human Experience of Acute & Chronic Illness II	4
<input type="checkbox"/>	NURS	4143	101	Community Focused Nursing	3
<input type="checkbox"/>	NURS	4816	100 / 101	Clinical Nursing IIIA w/Lab	6

NORMAN COURSES AND/OR OTHER COURSES

<input type="checkbox"/>	<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

Signature: _____ Date: _____

Office Use Only

- | | |
|---|---|
| <input type="checkbox"/> Bursar Hold _____ | <input type="checkbox"/> Enrollment Request # _____ |
| <input type="checkbox"/> Transcript Hold _____ | <input type="checkbox"/> Completed by _____ |
| <input type="checkbox"/> Financial Aid Hold _____ | <input type="checkbox"/> Date Completed _____ |
| <input type="checkbox"/> Certification Hold _____ | |
| <input type="checkbox"/> Other _____ | |