

THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
ABS N PROGRAM – TULSA CAMPUS

AUGUST INTERSESSION 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: _____

E-mail Address: _____

NURSING COURSES (Please check which classes you want to enroll in for the December Intersession)

| | <u>Dept</u> | <u>Course</u> | <u>Section</u> | <u>Title</u> | <u>Credit Hours</u> |
|--------------------------|-------------|---------------|----------------|--------------------------------|---------------------|
| <input type="checkbox"/> | NURS | 3162 | 200 | Human Experience of Disability | 2 |
| <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ |

NORMAN COURSES AND/OR OTHER COURSES

| | <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 _____ | |