THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
CAREER MOBILITY PROGRAM – ALL CAMPUSES

DECEMBER 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:** _____

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

E-mail Address: _____

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

	Dept	Course	Section	Title	Credit Hours
☐	NURS	3162	100	Human Experience of Disability	2
☐					
☐					

NORMAN COURSES AND/OR OTHER COURSES

	Dept	Course	Section	Title	Credit Hours
☐					
☐					
☐					
☐					

Signature: _____ **Date:** _____

Office Use Only

☐ Bursar Hold_____
☐ Transcript Hold_____
☐ Financial Aid Hold_____
☐ Certification Hold_____
☐ Other_____

☐ Enrollment Request # _____
☐ Completed by _____
☐ Date Completed _____