

THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING  
 TRADITIONAL PROGRAM – JUNIOR/Senior STUDENTS – ALL CAMPUS  
 SUMMER/SPRING/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 Spring)*

	<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"/>	_____	_____	_____	_____	_____

**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 _____              |   |