

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING  
 ABSN PROGRAM – LAWTON CAMPUS  
 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: \_\_\_\_\_

<b>NURSING COURSES</b> <i>(Please check which classes you want to enroll in for the December Intersession)</i>					
	<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
<input type="checkbox"/>	NURS	4152	300	Contemporary Professional Nursing	2
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

<b>NORMAN COURSES AND/OR OTHER COURSES</b>					
	<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: \_\_\_\_\_

<b>Office Use Only</b>	
<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 _____	