

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING  
CAREER MOBILITY RN-BSN PROGRAM – LAWTON CAMPUS**

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 Fall)**

	<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
<input type="checkbox"/>	NURS	3043	302 / 303	Health Assessment w/ Lab	3
<input type="checkbox"/>	NURS	4014	300	Acute and Chronic Illness II – Career Mobility	4
<input type="checkbox"/>	NURS	4044	300	Clinical Nursing III – Career Mobility	4
<input type="checkbox"/>	NURS	4143	300	Community Focused Nursing	3

**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 _____              |   |