# THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
## TRADITIONAL PROGRAM – JUNIOR STUDENTS – 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)***

| | Dept | Course | Section | Title | Credit Hours |
|---|---|---|---|---|---|
| ☐ | NURS | 3024 | 300 / 301 | Clinical Nursing I w/ Lab | 4 |
| ☐ | NURS | 3033 | 300 | Human Experience in Health | 3 |
| ☐ | NURS | 3043 | 300 / 301 | Health Assessment w/ Lab | 3 |
| ☐ | NURS | 3062 | 300 | Intro to Professional Nursing Practice | 2 |
| ☐ | NURS | 3083 | 300 | Pharmacology in Nursing | 3 |

**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 _____