

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
TRADITIONAL PROGRAM – SENIOR 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)

	<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
<input type="checkbox"/>	NURS	4026	300 / 301	Clinical Nursing III w/ Lab	6
<input type="checkbox"/>	NURS	4034	300	Human Experience of Acute & Chronic Illness II	4
<input type="checkbox"/>	NURS	4043	300	Psychosocial Nursing	3
<input type="checkbox"/>	NURS	4062	300	Nursing Research	2

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 _____ | |