

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING  
ABS N PROGRAM – LAWTON CAMPUS**

MAY INTERSESSION / YEAR \_\_\_\_\_

*Name and Address changes must be processed by completing a Name and Address Change form located at  
<http://admissions.ouhsc.edu/Portals/1047/assets/documents/Forms/NameAddressChangeForm.pdf>*

Student ID (7-digit #): \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Maiden

Current 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"/>	NURS	3162	300	Human Experience of Disability	2
<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**

- Bursar Hold \_\_\_\_\_
- Admission & Records Hold \_\_\_\_\_
- Financial Aid Hold \_\_\_\_\_
- Certification Hold \_\_\_\_\_
- Other \_\_\_\_\_

Enrollment Request # \_\_\_\_\_  
 Completed by \_\_\_\_\_  
 Date Completed \_\_\_\_\_