

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
ACCELERATED BSN – OKLAHOMA CITY CAMPUS (NEW ADMITS)**

SUMMER REGISTRATION / 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: _____

OUHSC NURSING COURSES *(Please check the box next to each class you want to enroll in for Summer)*

<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
<input type="checkbox"/> NURS	3024	100 / 101	Clinical Nursing I w/Lab	4
<input type="checkbox"/> NURS	3033	100	Human Experience in Health and Common Illness	3
<input type="checkbox"/> NURS	3043	100 / 101	Health Assessment w/Lab	3
<input type="checkbox"/> NURS	3062	100	Intro to Professional Nursing Practice	2

NORMAN COURSES AND/OR OTHER COURSES

<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____ **Date:** _____

Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Bursar Hold _____ | <input type="checkbox"/> Enrollment Request # _____ |
| <input type="checkbox"/> Admissions & Records 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 _____ | |