

THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
 ABSN PROGRAM – OKLAHOMA CITY CAMPUS

DECEMBER INTERSESSION 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 <i>(Please check which classes you want to enroll in for December Intersession!)</i>					
	<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
<input type="checkbox"/>	NURS	4062	100	Nursing Research	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	
<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 _____	