

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING  
CAREER MOBILITY LPN-BSN PROGRAM – OKLAHOMA CITY CAMPUS**

SPRING 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: \_\_\_\_\_

Please check one of the following:  RN  LPN

**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	102	Human Experience of Disability	2
<input type="checkbox"/> NURS	4062	101	Nursing Research	2
<input type="checkbox"/> NURS	4134	102	The Practice of Leadership	4
<input type="checkbox"/> NURS	4152	102	Contemporary Professional Nursing	2
<input type="checkbox"/> NURS	4246	100 / 101	Clinical Nursing IV Career Mobility – LPN w/Lab	6

**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"/>	_____	_____	_____	_____

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 _____              |   |