

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
CAREER MOBILITY RN-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	101	Human Experience of Disability	2
<input type="checkbox"/> NURS	4062	100	Nursing Research	2
<input type="checkbox"/> NURS	4126	100	Clinical Nursing IV – Career Mobility - RN	6
<input type="checkbox"/> NURS	4134	101	The Practice of Leadership	4
<input type="checkbox"/> NURS	4152	101	Contemporary Professional Nursing	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"/>	_____	_____	_____	_____

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 _____ | |