

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
TRADITIONAL PROGRAM – JUNIOR STUDENTS – 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: _____

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	3126	100 / 101	Clinical Nursing II w/Lab	6
<input type="checkbox"/>	NURS	3134	100	Human Experience in Acute & Chronic Illness I	4
<input type="checkbox"/>	NURS	3143	100	Family Focused Nursing	3
<input type="checkbox"/>	NURS	3162	100	Human Experience in Disability	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"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

Signature: _____ Date: _____

Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Bursar Hold _____
<input type="checkbox"/> Transcript Hold _____
<input type="checkbox"/> Financial Aid Hold _____
<input type="checkbox"/> Certification Hold _____
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Enrollment Request # _____
<input type="checkbox"/> Completed by _____
<input type="checkbox"/> Date Completed _____ |
|--|---|