

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
ABS N PROGRAM – OKLAHOMA CITY CAMPUS**

MAY INTERSESSION / 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: _____

NURSING COURSES *(Please check which classes you want to enroll in for Spring)*

<input type="checkbox"/>	<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
<input type="checkbox"/>	NURS	4152	100	Contemporary Professional Nursing	2
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

NORMAN COURSES AND/OR OTHER COURSES

<input type="checkbox"/>	<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

- Bursar Hold _____
- Admission & Records Hold _____
- Financial Aid Hold _____
- Certification Hold _____
- Other _____

Enrollment Request # _____
 Completed by _____
 Date Completed _____