

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
ABSN PROGRAM –TULSA 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 (Please check which classes you want to enroll in for the December Intersession)

	<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
<input type="checkbox"/>	NURS	4062	200	Nursing Research	2
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

PLEASE ANSWER ALL OF THE FOLLOWING:

- Oklahoma Resident: Yes No
- Gender: Male Female
- Ethnic: White African American Hispanic American Indian/Alaska Native
 Asian / Pacific Islander Other _____
- Marital Status: Single Married
- For the past semester, specify number of hours worked per week:
 0 4 - 8 9 - 16 17 - 24 25 - 36 37 - 40
- Number of dependent children: _____
- Hometown (city and state): _____
- Hometown newspaper: _____
- High School: _____
- Projected Graduation Date (semester and year): _____
- Elective hours left to complete: _____
- Have you taken History: Yes No

FINANCIAL ASSISTANCE

What percent of your financial support was provided by the following for the PAST SEMESTER?

- Federal (Pell Grant, etc.) State (OK Tuition Aid Grant, etc.) V.A. Benefits BIA
 Spouse Family (Parents, etc.) Self Other (please specify)

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 _____ | |