

THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
PHD PROGRAM

ENROLLMENT FORM

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>

Name: _____ Student ID (7-digit #): _____

Current Address: _____

Home Phone: _____ Work Phone: _____ Ext. _____

Faculty Advisor: _____ Projected Graduation Term: _____

Enrollment Term and Year	
Fall	_____
Spring	_____
Summer	_____

NURSING COURSES					
<u>Dept</u>	<u>Course #</u>	<u>Section #</u>	<u>Title</u>	<u>Faculty</u>	<u>Credit Hrs</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: Please attach instructor permission to enrollment form if course requires instructor permission for enrollment.

NORMAN COURSES AND/OR OTHER HSC COURSES					
<u>Dept</u>	<u>Course #</u>	<u>Section #</u>	<u>Title</u>	<u>Faculty</u>	<u>Credit Hrs</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: NEXus courses require separate enrollment form. Please see NEXus instructions on OUCN website.

Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

Program Director 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 _____	