

**THE UNIVERSITY OF OKLAHOMA COLLEGE OF NURSING
PROFESSIONAL AND DOCTORAL 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:** _____

<p>ENROLLMENT TERM AND YEAR</p> <p><input type="checkbox"/> Fall _____</p> <p><input type="checkbox"/> Spring _____</p> <p><input type="checkbox"/> Summer _____</p>	<p>PROGRAM</p> <p><input type="checkbox"/> Administration / Management</p> <p><input type="checkbox"/> Clinical Nurse Specialist</p> <p><input type="checkbox"/> Clinical Nurse Specialist Post Masters Certificate</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Education Post Masters Certificate</p> <p><input type="checkbox"/> Family Nurse Practitioner</p> <p><input type="checkbox"/> Family Nurse Practitioner Post Masters Certificate</p> <p><input type="checkbox"/> DNP</p> <p><input type="checkbox"/> PHD</p>
<p>CAMPUS</p> <p><input type="checkbox"/> Oklahoma City</p> <p><input type="checkbox"/> Tulsa</p> <p><input type="checkbox"/> Lawton</p>	

NURSING COURSES						
	<u>Dept</u>	<u>Course #</u>	<u>Section #</u>	<u>Title</u>	<u>Faculty</u>	<u>Credit Hrs</u>
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

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

NORMAN COURSES AND/OR OTHER COURSES						
	<u>Dept</u>	<u>Course #</u>	<u>Section #</u>	<u>Title</u>	<u>Faculty</u>	<u>Credit Hrs</u>
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

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

Student Signature: _____ **Date:** _____

*** Faculty Advisor Signature:** _____ **Date:** _____

*** Program Director Signature:** _____ **Date:** _____

** PhD Students: Only PhD students will need faculty advisor and program director signatures.*

Office Use Only	
<p><input type="checkbox"/> Bursar Hold _____</p> <p><input type="checkbox"/> Admission Hold _____</p> <p><input type="checkbox"/> Financial Aid Hold _____</p> <p><input type="checkbox"/> Certification Hold _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Enrollment Request # _____</p> <p>Completed by _____</p> <p>Date Completed _____</p>