

**The University of Oklahoma Health Sciences Center Fran & Earl Ziegler 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://admissions.ouhsc.edu/Portals/1047/assets/documents/Forms/NameAddressChangeForm.pdf>*

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

Current Address: _____

Home Phone: _____

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"/>	_____	_____	_____	_____	_____	_____

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

Student Signature: _____ **Date:** _____

Faculty Advisor Signature: _____ **Date:** _____
Required for PhD Students Only

Program Director Signature: _____ **Date:** _____
Required for PhD Students Only

Office Use Only	
<input type="checkbox"/> Bursar Hold _____	<input type="checkbox"/> Enrollment Request # _____
<input type="checkbox"/> Admission 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 _____	