

The University of Oklahoma Health Sciences Center Fran & Earl Ziegler College of Nursing
 Accelerated BSN Program – Oklahoma City Campus Enrollment Form

Student ID: _____ **Name:** _____

Phone: _____ **Email:** _____

I understand that I will be enrolled in the below classes while an active student in the accelerated BSN program at the OUHSC College of Nursing. I understand that my enrollment will be processed as shown below unless I am on a leave of absence or alternate completion plan. I understand each semester’s enrollment will create a bill with the Bursar’s Office and that I am responsible for all charges associated with my enrollment.

Signature: _____ **Date:** _____

Summer 1	August Intersession
NURS-3024-100/101 Clinical Nursing I & Lab 4 hrs	NURS-3162-100 Human Experience in Disability 2 hrs
NURS-3033-100 Human Exp –Health & Common Illn. 3 hrs	
NURS-3062-100 Intro to Professional Nursing 2 hrs	
NURS-3043-100 Health Assessment 3 hrs	
Fall	December Intersession
NURS-3083-101 Pharmacology in Nursing 3 hrs	NURS-4062-100 Nursing Research 2 hrs
NURS-3134-100 Human Exp -Acute & Chronic Illness I 4 hrs	
NURS-3816-100/101 Clinical Nursing II & Lab 6 hrs	
NURS-4043-101 Psychosocial Nursing 3 hrs	
Spring	May Intersession
NURS-3143-101 Family Focused Nursing 3 hrs	NURS-4152-100 Contemporary Professional Nursing 3 hrs
NURS-4034-100 Hum Exp—Acute & Chronic Illness II 4 hrs	
NURS-4143-101 Community Focused Nursing 3 hrs	
NURS-4816-100/101 Clinical Nursing III & Lab 6 hrs	
Summer 2	
NURS-4124-100/101 Clinical Nursing IV 4 hrs	
NURS-4134-100 Leadership in Nursing Practice 4 hrs	
NURS-4142-100 Hum Exp—Acute & Chronic Illness III 2 hrs	