

The University of Oklahoma Health Sciences Center Fran & Earl Ziegler College of Nursing
 Accelerated BSN Program – Tulsa 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 NURS-3024-200/201 Clinical Nursing I & Lab 4 hrs NURS-3033-200 Human Exp –Health & Common Illn. 3 hrs NURS-3043-200/201 Health Assessment & Lab 3 hrs NURS-3062-200 Intro to Prof Nursing Practice 2 hrs	August Intersession NURS-3162-200 Human Experience in Disability 2 hrs
Fall NURS-3083-201 Pharmacology in Nursing 3 hrs NURS-3134-200 Human Exp -Acute & Chronic Illness I 4 hrs NURS-3126-200/201 Clinical Nursing II & Lab 6 hrs NURS-3143-200 Family Focused Nursing 3 hrs	December Intersession NURS-4062-200 Nursing Research 2 hrs
Spring NURS-4043-200 Psychosocial Nursing 3 hrs NURS-4034-200 Hum Exp—Acute & Chronic Illness II 4 hrs NURS-4143-201 Community Focused Nursing 3 hrs NURS-4826-200/201 Clinical Nursing IIIB & Lab 6 hrs	May Intersession NURS-4152-200 Contemporary Professional Nursing 2 hrs
Summer 2 NURS-4124-200/201 Clinical Nursing IV 4 hrs NURS-4134-200 Leadership in Nursing Practice 4 hrs NURS-4142-200 Hum Exp—Acute & Chronic Illness III 2 hrs	