

**ALTERNATIVE PLAN ENROLLMENT FORM ALL CAMPUS**  
**SUMMER/SPRING/FALL- REGISTRATION / YEAR \_\_\_\_\_**

*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>*

**Student ID (7-digit #):** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
*First Middle Last Maiden*

**Current Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

<b>NURSING COURSES</b>					
<input type="checkbox"/>	<u>Dept</u>	<u>Course</u>	<u>Section</u>	<u>Title</u>	<u>Credit Hours</u>
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only</b>	
<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 _____	
<input type="checkbox"/> Other _____	