

The University of Oklahoma Health Sciences Center Fran & Earl Ziegler College of Nursing

LPN to BSN Part Time Fall Start – Lawton 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:** _____

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|---|---|
| <p>Fall 1</p> <p>NURS-3043-302/303 Health Assessment & Lab 3 hrs</p> <p>NURS-4014-300 Hum Exp—Acute & Chronic Illness II 4 hrs</p> | <p>Spring 1</p> <p>NURS-3162-302 Human Experience in Disability 2 hrs</p> <p>NURS-4062-301 Nursing Research 2 hrs</p> <p>NURS-4152-302 Contemporary Prof Nursing 2 hrs</p> |
| <p>Fall 2</p> <p>NURS-4044-301 Clinical Nursing III 4 hrs</p> <p>NURS-4143-300 Community Focused Nursing 3 hrs</p> | <p>Spring 2</p> <p>NURS-4246-300/301 Clinical Nursing IV & Lab 6 hrs</p> <p>NURS-4134-302 Leadership in Nursing Pract 4 hrs</p> |