

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

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

Fall 1	Spring 1
NURS-3043-104/105 Health Assessment & Lab 3 hrs	NURS-3162-102 Human Experience in Disability 2 hrs
NURS-4014-101 Hum Exp—Acute & Chronic Illness II 4 hrs	NURS-4062-101 Nursing Research 2 hrs
	NURS-4152-102 Contemporary Prof Nursing 2 hrs
Fall 2	Spring 2
NURS-4044-101 Clinical Nursing III 4 hrs	NURS-4246-100/101 Clinical Nursing IV & Lab 6 hrs
NURS-4143-100 Community Focused Nursing 3 hrs	NURS-4134-102 Leadership in Nursing Pract 4 hrs