

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

LPN to BSN Part Time Spring 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:** \_\_\_\_\_

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