

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

RN 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:** _____

| | |
|--|--|
| Fall 1 | Spring 1 |
| NURS-3043-302/303 Health Assessment & Lab 3 hrs | NURS-3162-301 Human Experience in Disability 2 hrs |
| NURS-4014-300 Hum Exp—Acute & Chronic Illness II 4 hrs | NURS-4062-300 Nursing Research 2 hrs |
| | NURS-4152-301 Contemporary Prof Nursing 2 hrs |
| Fall 2 | Spring 2 |
| NURS-4044-300 Clinical Nursing III 4 hrs | NURS-4126-300 Clinical Nursing IV 6 hrs |
| NURS-4143-300 Community Focused Nursing 3 hrs | NURS-4134-301 Leadership in Nursing Pract 4 hrs |