

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

RN to BSN Part Time Spring Start –Oklahoma City 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-3162-101 Human Experience in Disability 2 hrs	NURS-4044-100 Clinical Nursing III 4 hrs
NURS-4062-100 Nursing Research 2 hrs	NURS-4143-100 Community Focused Nursing 3 hrs
NURS-4152-101 Contemporary Prof Nursing 2 hrs	NURS-3043-102/103 Health Assessment & Lab 3 hrs
	NURS-4014-100 Hum Exp—Acute & Chronic Illness II 4 hrs
Spring 2	
NURS-4126-100 Clinical Nursing IV 6 hrs	
NURS-4134-101 Leadership in Nursing Pract 4 hrs	