

The University of Oklahoma Health Sciences Center Fran & Earl Ziegler College of Nursing
 Traditional Program – 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 traditional 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:** _____

Junior Year—Fall	Junior Year—Spring
NURS-3024-300/301 Clinical Nursing I & Lab 4 hrs	NURS-3126-300/301 Clinical Nursing II & Lab 6 hrs
NURS-3033-300 Human Experience—Health 3 hrs	NURS-3134-300 Human Exp -Acute & Chronic Illness I 4 hrs
NURS-3043-300/301 Health Assessment & Lab 3 hrs	NURS-3143-300 Family Focused Nursing 3 hrs
NURS-3062-300 Intro to Professional Nur Pract 2 hrs	NURS-3162-300 Human Experience in Disability 2 hrs
NURS-3083-300 Pharmacology in Nursing 3 hrs	
Senior Year—Fall	Senior Year—Spring
NURS-4026-300/301 Clinical Nursing III & Lab 6 hrs	NURS-4124-300/301 Clinical Nursing IV 4 hrs
NURS-4034-300 Hum Exp—Acute & Chronic Illness II 4 hrs	NURS-4134-300 The Practice of Leadership 4 hrs
NURS-4043-300 Psychosocial Nursing 3 hrs	NURS-4142-300 Hum Exp—Acute & Chronic Illness III 2 hrs
NURS-4062-300 Nursing Research 2 hrs	NURS-4143-300 Community Focused Nursing 3 hrs
	NURS-4152-300 Contemporary Professional Nursing 2 hrs