

The University of Oklahoma Health Sciences Center Fran & Earl Ziegler College of Nursing
 Traditional BSN Program – 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 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-3024-100/101 Clinical Nursing I & Lab 4 hrs	NURS-3126-100/101 Clinical Nursing II & Lab 6 hrs
NURS-3033-100 Human Experience—Health 3 hrs	NURS-3134-100 Human Exp -Acute & Chronic Illness I 3 hrs
NURS-3043-100/101 Health Assessment & Lab 3 hrs	NURS-3143-100 Family Focused Nursing 3 hrs
NURS-3062-100 Intro to Professional Nur Pract 2 hrs	NURS-3162-100 Human Experience in Disability 2 hrs
NURS-3083-100 Pharmacology in Nursing 3 hrs	
Senior Year—Fall	Senior Year—Spring
NURS-4026-100/101 Clinical Nursing III & Lab 6 hrs	NURS-4124-100/101 Clinical Nursing IV 4 hrs
NURS-4034-100 Hum Exp—Acute & Chronic Illness II 4 hrs	NURS-4134-100 The Practice of Leadership 3 hrs
NURS-4043-100 Psychosocial Nursing 3 hrs	NURS-4142-100 Hum Exp—Acute & Chronic Illness III 2 hrs
NURS-4062-100 Nursing Research 2 hrs	NURS-4143-100 Community Focused Nursing 3 hrs
	NURS-4152-100 Contemporary Professional Nursing 2 hrs