

**The University of Oklahoma College of Nursing
Request for Approval to Enroll in NEXus Course**

Student Name: _____ Date: _____

OUHSC Student ID: _____ Advisor: _____

Program: PhD Program DNP Program

Term: Fall 20 ____ Spring 20 ____ Summer 20 ____

NEXUS course you wish to enroll in:

Teaching Institution: _____

Course Number: _____

Course Title: _____

Credit Hours: _____ Semester Quarter

Are you planning to use Financial Aid for this enrollment? Yes No

What other cognates [PhD] or electives [DNP] have you taken previously or attempted?

I request approval for enrollment in the above listed course(s) for the term indicated.

Student Signature *Date*

I have reviewed the student's program of study and approve of the student's request to enroll in this course.

Advisor *Date*

I have reviewed the student's program of study and approve of the student's request to enroll in this course. The student IS IS NOT eligible for tuition support from the College of Nursing.

Program Director *Date*