

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

Student Name: _____ Date: _____

OUHSC Student ID: _____ Advisor: _____

Program: _____

Term: _____

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? _____

What other courses have you taken previously? _____

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 Signature: _____ 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 Signature: _____ Date: _____