

**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*