

The University of Oklahoma Health Sciences Center Fran & Earl Ziegler College of Nursing

LPN to BSN Full Time Fall Start – 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 LPN-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: _____

Fall 1		Spring 1	
NURS-4215-130 Clinical III	5 hrs	NURS-3162-130 Human Experience in Disability	2 hrs
NURS-4014-130 Hum Exp—Acute & Chronic Illness II	4 hrs	NURS-4063-130 Nursing Research	3 hrs
NURS-4243-130 Community Focused Nursing	3 hrs	NURS-4163-130 Contemporary Prof Nursing	3 hrs
NURS-3043-130 Health Assessment	3 hrs	NURS-4244-130 Clinical Nursing IV	4 hrs
		NURS-4253-130 Leadership in Nurs Pract	3 hrs