

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

LPN to BSN Part Time Fall Start –OKC 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: _____

<p>7</p> <p>V y k3043- Health Assessment 3</p> <p>NURS-4014-130 Hum Exp—Acute & Chronic Illness II 4 hrs</p>	<p>Spring 1</p> <p>NURS-3162-130 Human Experience in Disability 2 hrs</p> <p>NURS-4063-130 Nursing Research 3 hrs</p> <p>NURS-4163-130 Contemporary Prof Nursing 3 hrs</p>
<p>7</p> <p>- -</p> <p>- -</p>	<p>Spring 2</p> <p>NURS 4244-130 Clinical Nursing IV 4 hrs</p> <p>NURS-4253-130 Leadership in Nursing Pract 3 hrs</p>