

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: _____

Fall 1	Spring 1
NURS-3043-130 Health Assessment 3 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-4163-130 Contemporary Prof Nursing 3 hrs
Fall 2	Spring 2
NURS-4215-130 Clinical Nursing III 5 hrs	NURS 4244-130 Clinical Nursing IV 4 hrs
NURS-4243-130 Community Focused Nursing 3 hrs	NURS-4253-130 Leadership in Nursing Pract 3 hrs