

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

RN 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 RN-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-3043-120/121 Health Assessment & Lab 3 hrs	NURS-3162-120 Human Experience in Disability 2 hrs
NURS-4014-120 Hum Exp—Acute & Chronic Illness II 4 hrs	NURS-4063-120 Nursing Research 3 hrs
NURS-4084-120 Clinical Nursing III 4 hrs	NURS-4163-120 Contemporary Prof Nursing 3 hrs
NURS-4154-120 Community Focused Nursing 4 hrs	NURS-4224-120 Leadership in Nurs Pract 4 hrs
	NURS-4233-120 Innovation in Nursing 3 hrs