

The University of Oklahoma Health Sciences Center Fran & Earl Ziegler College of Nursing
Graduate and Professional Enrollment Form

Name: _____ Graduation Term: _____

Student ID: _____ Address: _____

Enrollment Term & Year:

Spring
Summer
Fall
Intersession

Nursing Program:

BSN to DNP | FNP, NEO NP, Psych NP
BSN to DNP | CNS, NEO CNS
BSN to DNP | Executive Leadership
Post Graduate DNP Completion
Post Graduate Certificate | EDU, CNS, NP, Psych, NEO NP
MSN Clinical Nurse Specialist
MSN Administration
PhD

Nursing Courses:

<u>Dept</u>	<u>Course #</u>	<u>Section #</u>	<u>Course Name</u>	<u>Credit Hrs</u>
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Note: NEXus courses require a separate enrollment form. Please see NEXus instructions on OUCN website.

Faculty Permission:

Date:

Student Signature:

Date:

Faculty Advisor Signature:

Date:

Program Director Signature:

Date:

Office Use Only

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|---|---|
| <input type="checkbox"/> Bursar Hold | <input type="checkbox"/> Enrollment Request # |
| <input type="checkbox"/> Admission Hold | <input type="checkbox"/> Completed by |
| <input type="checkbox"/> Financial Aid Hold | <input type="checkbox"/> Date Completed |
| <input type="checkbox"/> Certification Hold | |
| <input type="checkbox"/> Other | |