

The University of Oklahoma Health Sciences Center Fran & Earl Ziegler College of
Nursing Traditional Program – Norman 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 traditional 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:** _____

Junior Year—Fall	Junior Year—Spring
NURS-3023-600/601 Clinical Nursing I & Lab 3 hrs	NURS-3114-600/601 Clinical Nursing II & Lab 4 hrs
NURS-3033-600 Human Experience—Health 3 hrs	NURS-3134-600 Human Exp -Acute & Chronic Illness I 4 hrs
NURS-3043-600/601 Health Assessment 3 hrs	NURS-3054-600 Psychosocial Nursing 4 hrs
NURS-3073-600 Intro to Professional Nur Pract 3 hrs	NURS-3162-600 Human Experience in Disability 2 hrs
NURS-3083-600 Pharmacology in Nursing 3 hrs	
Senior Year—Fall	Senior Year—Spring
NURS-4054-600/601 Clinical Nursing III & Lab 4 hrs	NURS-4124-600/601 Clinical Nursing IV 4 hrs
NURS-4034-600 Hum Exp—Acute & Chronic Illness II 4 hrs	NURS-4123-600 The Practice of Leadership 3 hrs
NURS-4144-600 Family Focus Nursing 4 hrs	NURS-4213-600 Hum Exp—Acute & Chronic Illness III 3 hrs
NURS-4063-600 Nursing Research 3 hrs	NURS-4143-600 Community Focused Nursing 3 hrs
	NURS-4163-600 Contemporary Professional Nursing 3 hrs