

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

*Name and Address changes must be processed by completing a Name and Address Change form
located at <https://admissions.ouhsc.edu/Portals/1047/assets/NameAddressChangeForm16.pdf>*

Name: _____ **Student ID (7-digit #):** _____

Address: _____

Primary Phone: _____ **Secondary Phone:** _____

Faculty Advisor: _____ **Projected Graduation Term:** _____

Enrollment Term and Year

Fall
Spring
Summer
Winter Intersession

Campus

Oklahoma City OU Online
Tulsa Lawton

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
Other: _____

NURSING COURSES

<u>Dept</u>	<u>Course #</u>	<u>Section #</u>	<u>Course Name</u>	<u>Credit Hrs</u>
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NORMAN COURSES AND/OR OTHER 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

- | | |
|---|---|
| <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 | |