

The University of Oklahoma Health Campus Fran & Earl Ziegler College of Nursing

Accelerated BSN Program Enrollment Form

Student ID: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I understand that I will be enrolled in the below classes while an active student in the accelerated BSN program at the OUHC 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: \_\_\_\_\_

<b>Summer</b>	<b>August Intersession</b>
NURS-3014 Fundamentals of Nursing Practice 4hrs	NURS-3353 Nutrition & Nursing 3hrs
NURS-3102 Professional Nursing Formation I 2hrs	
NURS-3223 Health Assessment 3hrs	
NURS-3243 Introduction to Pathophysiology & Pharmacology 3hrs	
<b>Fall</b>	<b>Winter Intersession</b>
NURS-3053 Gerontologic Nursing 3hrs	NURS-4023 Pediatric Nursing 3hrs
NURS-3184 Psychiatric - Mental Health Nursing 4hrs	
NURS-3202 Professional Nursing Formation II 2hrs	
NURS-3206 Pathophysiology and Pharmacology: Adult Medical Surgical Nursing 6hrs	
NURS-4073 Nursing Research & Evidence-Based Practice 3hrs	
<b>Spring</b>	<b>May Intersession</b>
NURS-4013 Reproductive Nursing 3hrs	NURS-4104 Community & Public Health Nursing 4hrs
NURS-4032 Navigating Transitions 2hrs	
NURS-4156 Leadership 6hrs	
NURS-4201 Professional Nursing Formation III 1hr	
NURS-4202 Professional Nursing Formation IV 2hrs	
NURS-4206 Pathophysiology & Pharmacology: Adult Complex Care 6hrs	