

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

LPN to 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 LPN - 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: _____

LPN JUNIOR YEAR – FALL 1	LPN JUNIOR YEAR – SPRING 1
NURS - 3102 Professional Nursing Formation I 2hrs	NURS - 3184 Psychiatric-Mental Health Nursing 4hrs
NURS - 3223 Health Assessment 3hrs	NURS - 4206 Pathophysiology and Pharm: 6hrs
NURS - 4073 Nursing Research & Evidence-Based Practice 3hrs	Adult Complex Care
LPN SENIOR YEAR – FALL 2	LPN SENIOR YEAR – SPRING 2
NURS - 4013 Reproductive Nursing 3hrs	NURS - 4073 Nursing Research & Evidence-Based Practice 3hrs
NURS - 4023 Pediatric Nursing 3hrs	NURS - 4202 Professional Nursing Formation IV 2hrs
NURS - 4104 Community & Public Health Nursing 4hrs	NURS - 4032 Navigating Transitions 2hrs
	NURS - 4156 Leadership 6hrs