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

RN to BSN Program Full-Time Enrollment Form **(Fall Start, 2 Semesters)**

Student ID: _____ **Name:** _____

Phone: _____ **Email:** _____

I understand that I will be enrolled in the below classes while an active student in the full-time RN - 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:** _____

Fall A (1st 8-weeks)		
NURS - 4002	Professional Nursing Formation for the Registered Nurse I	2hrs
NURS - 4053	Innovations for the Registered Nurse	3hrs
NURS - 4003	Health Assessment for the Registered Nurse	3hrs
Fall B (2nd 8-weeks)		
NURS - 4073	Nursing Research & Evidence-Based Practice	3hrs
NURS - 4094	Community & Public Health for the Registered Nurse	4hrs
Spring A (1st 8 -weeks)		
NURS - 4112	Navigating Transitions & End-of-Life Care for the Registered Nurse	2hrs
NURS - 4125	Complex Care for the Registered Nurse	5hrs
Spring B (2nd 8 -weeks)		
NURS - 4115	Leadership & Healthcare Management for the Registered Nurse	5hrs
NURS - 4223	Professional Nursing Formation for the Registered Nurse II	3hrs

Updated 9/2/2026