

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

RN to BSN Program **Full-Time** Enrollment Form

**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:** \_\_\_\_\_

<b>Fall 2026</b>		
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 I	3hrs
NURS - 4073	Nursing Research & Evidence-Based Practice	3hrs
NURS - 4094	Community & Public Health for the Registered Nurse	4hrs

  

<b>Spring 2027</b>		
NURS - 4112	Navigating Transitions & End-of-Life Care for the Registered Nurse	2hrs
NURS - 4125	Complex Care for the Registered Nurse	5hrs
NURS - 4115	Leadership & Healthcare Management for the Registered Nurse	5hrs
NURS - 4223	Professional Nursing Formation for the Registered Nurse II	3hrs