

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

RN to BSN Program Full-Time Enrollment Form **(Spring 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:** _____

Spring 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
Spring B (2nd 8-weeks)		
NURS - 4073 Nursing Research & Evidence-Based Practice		3hrs
NURS - 4094 Community & Public Health for the Registered Nurse		4hrs
Fall 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
Fall 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