The University of Oklahoma College of Nursing

Request for Approval to Enroll in NEXus Course

Student Name: _____ Date: _____

OUHSC Student ID: _____ Advisor: _____

Program: _____

Term: _____

NEXus course you wish to enroll in:

Teaching Institution: _____

Course Number: _____

Course Title: _____

Credit hours: _____ ☐ Semester ☐ Quarter

Are you planning to use Financial Aid for this enrollment? _____

What other courses have you taken previously? _____

_____

_____

I request approval for enrollment in the above listed course(s) for the term indicated.

Student Signature: _____ Date: _____

I have reviewed the student's program of study and approve of the student's request to enroll in this course.

Advisor Signature: _____ Date: _____

I have reviewed the student's program of study and approve of the student's request to enroll in this course. The student ☐ is ☐ is not eligible for tuition support from the College of Nursing.

Program Director Signature: _____ Date: _____