

Oklahoma Panhandle State University Online Enrollment Form (Nursing ONLY)

1. Copy this form as a hard copy.
2. Complete the following information and sign form.
3. Fax completed form to: 1-580-349-1529

Or

1-580-349-2302 Attn: Nursing

Date _____

Printed Student Name _____

SSN# (Required for enrollment) _____

Email Address _____

Home Address _____

Phone Number (H) _____

(W) _____

(Cell) _____

I would like to enroll for the following course (s):

Course Number **Course Name**

1. _____

2. _____

3. _____

4. _____

Semester requesting enrollment:

Fall _____ 200__

Spring _____ 200__

Summer _____ 200__

Student Signature (Required for enrollment) _____

Date _____