

Oklahoma Panhandle State University Online Enrollment Form

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

Or

1-580-349-2302 Attn: Nursing

Date _____

Printed Student Name _____

Student ID# _____

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 ____ 201__

Spring ____ 201__

Summer ____ 201__

Student _____

Date _____