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):

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
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Semester requesting enrollment:
Fall _____201_
Spring _____201_
Summer_______201_

Student _________________________________
Date _________________________________