Intercampus Enrollment Form

STUDENT INFORMATION

Student's Name (Last, First, Middle)

Enrollment Semester

Enrollment Year

College

Program

Select one of the following:

◯ Health Campus Student Taking Norman Campus Courses

Student ID (Health Campus)

◯ Norman Campus Student Taking Health Campus Courses

Student ID (Norman Campus)

Student must also attach the signed OU Health Campus Financial Responsibility Agreement (BFR) and email approval from the Health Campus instructor for enrollment to be processed.

SCHEDULE

Class Nbr (5 digits)	**Subject**	**Catalog #** (4 digits)	**Section #** (3 digits)	**Total Hours/ Units**	**Course Title**	**Instructor Name**

AUTHORIZATION

The schedule below lists my desired class enrollment for the semester indicated.
To cancel my enrollment, I must notify my advisor and complete the cancellation request prior to the first day of class.

Student's Signature

Date

To be completed by advisor:

◯ The course(s) indicated below apply to the student's degree program.

◯ The course(s) indicated below do not apply to the student's degree program.

Advisor's Signature

Date

ADMINISTRATIVE USE ONLY

Processed By

Date

Comments