

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Course Number	Course Title	Section	Day-Time	Credit Hours

List the courses for which you are registering:

Name \_\_\_\_\_ New Student: Yes \_\_\_\_\_ No \_\_\_\_\_

Semester \_\_\_\_\_

R.N. Yes \_\_\_\_\_ No \_\_\_\_\_

### Registration Form

OSF Saint Francis Medical Center College of Nursing  
Peoria, Illinois