

OSU-CHS
ELECTIVE & SPECIAL STUDIES
ENROLLMENT FORM
(DO NOT USE THIS FORM FOR ELECTIVE ROTATIONS)

Campus-Wide ID _____ Name _____
Last First Middle

Class Year _____

Semester _____

✓	Course Prefix or Name	Course Number	Credit Hours	Note
	CLME (SRE) Summer Rural Externship	8112.001	2	Summer between 1 st and 2 nd year Permission Only - Application Required
	CLME (ERE) Early Rural Experience	8122.001	2	2 nd year Permission Only - Application Required
	CLME (Spring Elective) Perspective in Rural Health	8111.003	1	1 st and 2 nd years only Meets 4 Friday afternoons
	CLME (Fall Elective) Rural Medical Care	8111.004	1	2 nd year (3 rd year with permission only) Meets 4 Friday afternoons
	Rural Health Option	Contact Center for Rural Health	19 hour program	Application Required

Total hours _____

Signature _____

Date _____

When enrolling please contact Vicky Pace for course contacts and application information
(Vicky.pace@okstate.edu or 918-584-4332)

To finalize your enrollment, please complete this form and send/take to
Coordinator of Student Records
OSU-CHS, Student Affairs, Room B-157
1111 West 17th St.
Tulsa, OK 74107