## **NEXus COURSE ENROLLMENT**

THE UNIVERSITY OF KANSAS MEDICAL CENTER

## SUBMIT THIS EACH SEMESTER FOR THE COURSES THAT YOU ARE TAKING THROUGH THE NEXUS

**PROGRAM.** Complete applications should be delivered to the School of Nursing Academic Affairs, 2015 School of Nursing, or mailed to Mail Stop 4043, 3901 Rainbow Blvd., Kansas City, KS 66160, or faxed to 913-588-1660.

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Student's Name – Last, First, Middle			KUID # (if applicable)	Social S	Social Security Number	
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. Telephone Number			Email Address			
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. This application is for (	(check ONE): (	) Spring 20	( ) Summer 20	( ) Fall 2	20	
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