



# OHSU School of Nursing Non-Enrollment Commitment Release B.S. Nursing Program (OCNE)

If you are a student who is not ready to transition into the Bachelor of Science program at Oregon Health & Science University (OHSU) in one of the three pathways that have been described, we request that you notify OHSU that you **WILL NOT** be transitioning to complete the B.S. with a major in nursing directly. This will release you from automatic admission at OHSU. Please complete and return the following form to indicate that you will be taking another educational path.

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Current Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I am currently enrolled as a nursing student at:**

- Clackamas Community College
- Lane Community College
- Mt. Hood Community College
- Rogue Community College
- Southwestern Oregon Community College
- Umpqua Community College

Please initial **each** of the following statements to indicate your agreement.

\_\_\_\_\_ **I DO NOT plan to transition to the OHSU School of Nursing at this time and authorize OHSU to release me from automatic admission to the B.S. with a major in nursing program.**

\_\_\_\_\_ **If I choose to complete the B.S. with a major in nursing degree with OHSU in the future, I understand that I have one of the following options.**

- ❖ I will exit the program and plan to return to OHSU within three years (on a space available basis) to complete the B.S. degree. In this case, I understand that I am required to notify OHSU of my intention to complete the B.S. degree at that time.
- ❖ I will exit the program and if I would like to return more than three years after completing my AAS in nursing, I understand that I would need to reapply to the RN to Bachelor of Science (RN-BS) program.

Please indicate your reason for declining your automatic admission to the OHSU School of Nursing:

- I plan to enroll at another School of Nursing (please list) \_\_\_\_\_
  - Reason for attending another school: \_\_\_\_\_
- Insufficient financial resources. Better financial aid package received from another School of Nursing
- I do not want a B.S. degree at this time.
- Other \_\_\_\_\_

Signature \_\_\_\_\_

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

Please return your signed notification to:  
OHSU School of Nursing  
Office of Admissions SN-ADM  
3455 SW US Veteran's Hospital Rd  
Portland, OR 97239-2941