UAB

The University of Alabama at Birmingham®

School of Nursing

PhD Program in Nursing

Fall 2026 Cohort

UAB School of Nursing (SON)
PhD Fall 2026
Graduate School Admissions Process Checklist

*Steps 1 through 8 must be complete prior to registering for courses

- ☐ **1.** Sign and submit the Acceptance Form, FERPA Form, and Post Licensure Core Performance Standards – UAB School of Nursing through Adobe Sign (a copy will be emailed to you upon completion).

- ☐ **2**. Sign and submit your Program of Study form through Abode Sign. The program of study form will come in a separate Adobe Sign email soon after you receive the offer email. (a copy will be emailed to you upon and Ms. JoeAnn Kennedy upon completion)

- ☐ **3.** Review information regarding your Blazer ID. The University will create your ID for you. Go to Blazer Central to activate your ID. https://idm.uab.edu/bid/reg

AFTER RETURNING LETTER OF ACCEPANCE AND BEING ADMITTED AS A UAB STUDENT:

- ☐ **4.** Begin taking steps to gain medical clearance (**Attachment A**). Please review and visit the UAB Student Health and Wellness webpage: (www.uab.edu/studenthealth)

- ☐ **5.** Background Check and Drug Screen Completion (**Attachment B**)
  Step 1: Check email for background check notification from DISA UABSchoolofNursingPhD@screening.services, and complete within 10 business days of email arrival (mid-July 2026)

  Step 2: Check your email for drug screen notification from LabCorp (OTSWEBAPP@Labcorp.com)and complete within ten days of email arrival (mid-July 2026)

- ☐ **6.** Complete
  HIPPA training course – Instructions Attached (**Attachment C**) (Once for the duration of your program)
  OSHA training course – Instructions Attached (**Attachment D**) (Annual requirement)

- ☐ **7.** Once all holds are cleared, register for classes as listed on your approved and signed program of study using the Registration Quick Guide (**Attachment E**)

- ☐ **8.** Mandatory attendance at PhD Orientation: August 26, 2026 (agenda to be emailed at a later date) Contact Ms. JoeAnn Kennedy for information at joeann@uab.edu

- ☐ **9**. Check the Academic calendar for important dates (**Attachment F**)

- ☐ **10**. Important Contact List (**Attachment G**)

- ☐ **11.** (Optional) Please apply if you qualify for any of the funding opportunities listed on the following website: http://www.uab.edu/nursing/home/scholarships-financial-aid

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School of Nursing

Immunizations

Before you register in nursing courses for classes, you must upload a number of medical records in the UAB Student Health and Wellness Patient Portal. Students can access the Patient Portal from the right side navigation on their BlazerNet homepage.
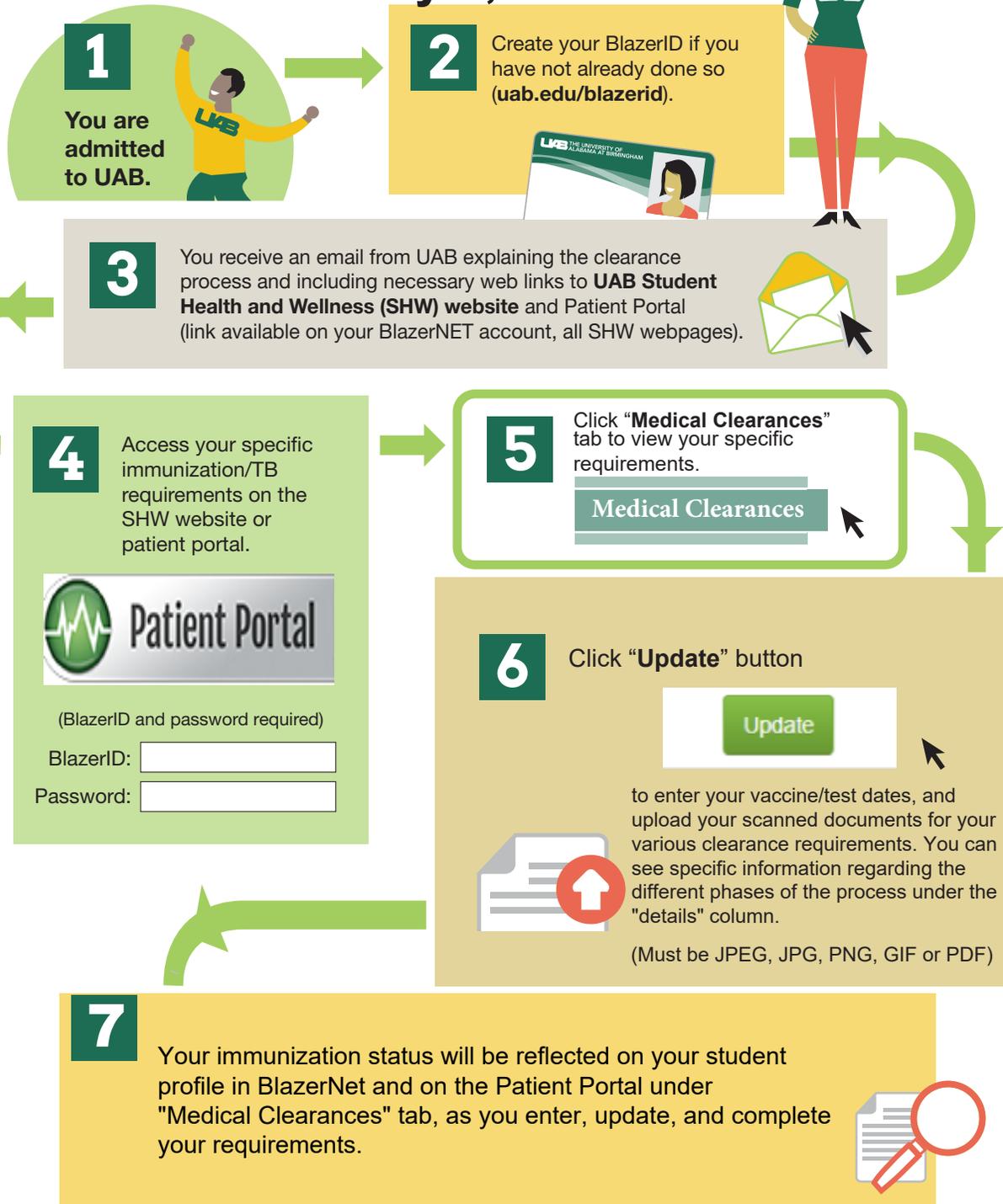
Please begin locating your medical records immediately to help determine if you need to initiate immunizations to comply with our program requirements. Some immunizations take time to complete. Any instance of an incomplete immunization prior to school starting may prohibit you from attending clinicals.

UAB SON Students are required to satisfy **the Level 3 Immunization requirements** for clinical students.

https://www.uab.edu/students/health/medical-clearance/immunizations/level-3

All immunization records and forms must be uploaded in the Patient Portal on the UAB Student Health and Wellness website. If you have questions about what documentation is required, please submit your questions to the UAB Student Health and Wellness Office while you are logged into their Patient Portal.

7 steps to completing Student Immunization / TB Clearance as of January 3, 2023

1 You are admitted to UAB.

2 Create your BlazerID if you have not already done so (**uab.edu/blazerid**).

3 You receive an email from UAB explaining the clearance process and including necessary web links to **UAB Student Health and Wellness (SHW) website** and Patient Portal (link available on your BlazerNET account, all SHW webpages).

4 Access your specific immunization/TB requirements on the SHW website or patient portal.

Patient Portal

(BlazerID and password required)

BlazerID:

Password:

5 Click "**Medical Clearances**" tab to view your specific requirements.

Medical Clearances

6 Click "**Update**" button

Update

to enter your vaccine/test dates, and upload your scanned documents for your various clearance requirements. You can see specific information regarding the different phases of the process under the "details" column.

(Must be JPEG, JPG, PNG, GIF or PDF)

7 Your immunization status will be reflected on your student profile in BlazerNet and on the Patient Portal under "Medical Clearances" tab, as you enter, update, and complete your requirements.

The purpose of the medical clearance process is to ensure a safe and healthy environment on the UAB campus. Medical clearance requirements vary by school and student type. **These requirements must be met before the first day of class to avoid having a registration hold placed on your student account, registration cancelled, or being unable to begin classes.**

**UAB Student Health and Wellness
1714 9th Avenue South**

Please use the **Patient Portal** to contact Student Health and Wellness. This is the most efficient way to inquire aabout your immunizations or test results.

UAB SH&W PHYSICAL EXAMINATION (*Please print in black ink*) To be completed and **signed** by physician or clinician. A physical examination is required for all clinical students within 1 year prior to matriculation.

You may schedule a physical exam at Student Health & Wellness if you do not have a physician. Schedule an appointment through your patient portal or call 205-934-3580 and ask our receptionist for details.

Last Name First Name Middle	Date of Birth (mm/dd/yyyy)	BlazerID@uab.edu
Permanent Address City State Zip Code	Area Code/Phone Number	

Height _____   Weight _____   TPR _____/_____/_____   BP _____/_____

Vision: Corrected   Right 20/_____ Left 20/_____

Uncorrected   Right 20/_____ Left 20/_____

Color Vision _____

Are there abnormalities? If so, describe full	WNL	ABN	DESCRIPTION (attach additional sheets if necessary)
1. Head, Ears, Nose, Throat			
2. Eyes			
3. Respiratory			
4. Cardiovascular			
5. Gastrointestinal			
6. Musculoskeletal			
7. Metabolic/Endocrine			
8. Neuropsychiatric			
9. Skin			
Other			

A.   Is there loss or seriously impaired function of any organs?   ____No   ____Yes

Explain _____

B.   Recommendation for physical activity (physical education, intramurals, etc.) ____Unlimited   ____Limited

Explain _____

_____

Signature of Physician/Physician Assistant/Nurse Practitioner   Date

_____

Print Name of Physician/Physician Assistant/Nurse Practitioner   Date

_____

Office Address/Stamp   Area Code/Phone Number

UAB Student Health and Wellness
Health History Form
Learning Resource Center
1714 9th Avenue South, 3rd Floor
Birmingham, Alabama 35294-1270
(205) 934-3580

Please save this form and upload it to your patient portal for your medical clearance.

Entering Semester: ☐ Fall ☐ Spring ☐ Summer ● Year_____ ● UAB Student No. __B_____

General Information

Full Name:_____   Gender: ☐ Male   ☐ Female
                    Last   First   MI   ☐ Transgendered ☐ Transitional

Date of Birth: *Month*: _____ *Day*: _____ *Year*: _____

School: _____   Program or Major Code:_____
                CAS, Med, Dent, SHP, Nurs. etc.   Education, History, Physics, Biology, etc.

Current Email address: _____   Blazer ID: _____

Are you an International Student or Scholar? ☐ Yes ☐No   If Yes, which country?_____

Telephone number: _____   _____ Height: _____   Weight:_____
                        Home   *Cell*

Local Address: _____

Permanent Address _____

Primary emergency contact: _____Telephone number: _____ Relationship: _____

Secondary emergency contact: _____Telephone number: _____ Relationship: _____

Personal Health History

Medical Conditions

Please list any surgeries, asthma, diabetes, ADHD, injuries, hospitalizations, etc.

Name	Description	Year

Medications

Please list prescription, non-prescription, vitamins, birth control, etc.

Name	Description	Dosage

Food/Medicine Allergies

Please list penicillin, codeine, insect bites, antibiotics, specific food or chemical, etc.

Name	Description	Reaction

Family & Personal Health History (to be completed by the student)
Has any person, related by blood, had any of the following?

Yes	No		Relationship		Yes	No		Relationship
		High Blood Pressure					Cholesterol or blood fat disorder	
		Stroke					Blood clotting disorder	
		Cancer					Psychiatric	
		Heart attack before age 55					Suicide	
		Diabetes					Alcohol/drug problems	
		Glaucoma						

Have ever had or now have: (please check at right of each item and if yes, indicate year of first occurrence)

Yes	No	Symptom	Year		Yes	No	Symptom	Year
		High Blood Pressure					Mononucleosis	
		Rheumatic fever					Hay fever	
		Heart trouble					Head/neck radiation	
		Pain/pressure in chest					Arthritis	
		Shortness of breath					Concussion	
		Asthma					Frequent/severe headache	
		Pneumonia					Dizziness/fainting spells	
		Chronic cough					Severe head injury	
		Tuberculosis					Paralysis	
		Tumor/cancer (specify)					Epilepsy/seizures	
		Malaria					Blood transfusion	
		Thyroid trouble					Protein in blood or urine	
		Serious skin disease					Ulcer (duodenal/stomach)	
		Hearing loss					Intestinal trouble	
		Sexually transmitted disease					Pilonidal cyst	
		Severe menstrual cramps					Allergy injection therapy	
		Irregular periods					Back injury	
		Frequent vomiting					Broken bones	
		Gall bladder or gallstones					Kidney infection	
		Jaundice or Hepatitis					Bladder infection	
		Rectal disease					Kidney stone	
		Severe/recurrent abdominal pain					**Mental Health History**	
		Sinusitis					Sleep problems	
		Hernia					Self-injurious Behavior	
		Chicken pox					Depression/bipolar	
		Anemia/Sickle Cell Anemia					Anxiety/panic	
		Eye trouble besides glasses					LD/ADD/ADHD	
		Bone, joint, other deformity					Eating Disorder	
		Shoulder dislocation					Obsessive compulsive	
		Knee problems					Self-induced vomiting	
		Recurrent back pain					**Substance Use History**	
		Neck injury					Alcohol/drug problem	
		Diabetes					Smoke 1+ pack cigs/week	

NAME: _____ DATE OF BIRTH: (mm/dd/yyyy): _____

ADDRESS: _____ PHONE: _____

PROGRAM OF STUDY: _____ BLAZERID:_____@UAB.EDU

IMMUNIZATION HISTORY MUST BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER

*Copies of your original immunization records are acceptable in place of this form. Please submit completed form or immunization records directly to your UAB SH&W Patient Portal.
FORMAT mm/dd/yyyy

1. **MMR- Measles, Mumps, and Rubella:** All students must satisfy this requirement, either by two vaccine doses against each of the three diseases or laboratory evidence of immunity to all three diseases. First dose must have been received no sooner than one year after birth.

EITHER

Two doses of MMR vaccine: Date: _____/_____/_____
                                                                Date: _____/_____/_____

OR

Two doses of each vaccine component:
Measles   Date: _____/_____/_____ Date: _____/_____/_____
Mumps   Date: _____/_____/_____ Date: _____/_____/_____
Rubella   Date: _____/_____/_____ Date: _____/_____/_____

OR

Laboratory evidence of immunity to all three diseases:
Measles   Date: _____/_____/_____ Positive: _____ Negative: _____
Mumps   Date: _____/_____/_____ Positive: _____ Negative: _____
Rubella   Date: _____/_____/_____ Positive: _____ Negative: _____

*If any laboratory titers are non-immune, 2 repeat vaccines are required. Date: _____/_____/_____ Date: _____/_____/_____

2. **Tdap**- Tetanus, Diphtheria, Acellular Pertussis: All students must have had one dose of the adult Tdap given 2006 or later. If the last adult Tdap is greater than 10 years old, a Td booster is required.

Tdap Date: _____/_____/_____
Td Date: _____/_____/_____

3. **Hepatitis B Series**: All students must have a series of three Hepatitis B vaccinations (initial dose, dose two at 1 month, dose three at 6 months). A post-vaccine surface antibody titer (to demonstrate immunity) is required one month after 3rd vaccine dose.
Dose 1 Date: _____/_____/_____   Dose 2 Date: _____/_____/_____   Dose 3 Date: _____/_____/_____
Hep B surface antibody titer: Reactive: _____ Non-Reactive: _____   Date: _____/_____/_____

*If Hep B surface antibody is non-reactive, repeat series and post-vaccine surface antibody titer are required.
Dose 1 Date: _____/_____/_____   Dose 2 Date: _____/_____/_____   Dose 3 Date: _____/_____/_____
Hep B surface antibody titer: Reactive: _____ Non-Reactive: _____   Date: _____/_____/_____

*If repeat Hep B surface antibody is non-reactive, Hep B surface antigen is required to rule out acute or chronic Hep B infection.
Hep B surface antigen titer: Positive: _____ Negative: _____   Date: _____/_____/_____

**If Hep B surface antigen is positive, visit with SH&W provider is required for additional testing. If negative, student will be considered a non-responder.

NAME: _____ DATE OF BIRTH: (mm/dd/yyyy): _____

4. **Varicella** (chickenpox or shingles): All students must have documented history of Varicella, a positive Varicella antibody titer, or two doses of Varicella vaccines given at least 28 days apart. First dose must have been received no sooner than one year after birth.

<div align="center">

EITHER

</div>

History of Varicella (chickenpox or shingles):   Yes: _____ No: _____   Date: _____/_____/_____

<div align="center">

OR

</div>

Varicella antibody titer   Date: _____/_____/_____   Positive: _____ Negative: _____

<div align="center">

OR

</div>

Varicella vaccination Dose 1: _____/_____/_____   Dose 2: _____/_____/_____

*If Varicella antibody titer is negative or equivocal, two repeat vaccinations are required.
Varicella vaccination Dose 1: _____/_____/_____ Dose 2: _____/_____/_____

5. **Meningococcal ACWY**: All students 21 and younger are required to show documentation of a meningitis A vaccine given on/after their 16th birthday. Students age 22 and older are exempt.   Date: _____/_____/_____

6. **Tuberculosis**: All clinical students must meet UAB's Tuberculosis screening requirement. This includes a Tb Attestation Statement and Tb testing. If no history of positive Tb skin test, two separate skin tests or one IGRA blood test are required upon matriculation. Skin tests must be placed at least one week apart.

<div align="center">

*ALL TB TESTING (skin tests or blood tests) MUST BE PERFORMED IN THE U.S.

EITHER

</div>

    a. Tuberculin Skin Test (PPD) within 12 months prior to matriculation:
Date Placed: _____/_____/_____ Date Read: _____/_____/_____ Result (mm): _____ Positive: _____ Negative: _____

    b. Tuberculin Skin Test (PPD) within 3 months prior to matriculation:
Date Placed: _____/_____/_____ Date Read: _____/_____/_____ Result (mm): _____ Positive: _____ Negative: _____
*If positive skin test result, IGRA required within 3 months prior to matriculation.

<div align="center">

OR

</div>

    a. IGRA (Tspot or Quantiferon TB Gold) blood test within 3 months prior to matriculation:

Date: _____/_____/_____ Positive: _____ Negative: _____

*If positive IGRA result, Chest X-Ray within 3 months prior to matriculation and UAB TB High Risk Questionnaire required.
    a. Chest X-Ray Date: _____/_____/_____ Normal: _____ Abnormal: _____ (*Please attach results)
    b. UAB High Risk TB Questionnaire
    c. Have you been treated with anti-tubercular drugs? Yes: _____ No: _____ (treatment only required if chest x-ray positive)
If yes, type of treatment: _____ Length of Treatment: _____ *Please attach supporting documentation.

Verification of the above Student Immunization Record and Tuberculosis Screening by Health Care Provider:

Verified by: _____ Title: _____

Address: _____

Phone: _____

Signature: _____ Date: _____/_____/_____

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Drug Screen
& Background Check

All PhD students in the School of Nursing are required to consent to and pay for a criminal background check and urine drug screening at least once per year.

You will receive an email (**sent to your UAB.EDU email address**) requesting you to complete a background check. The email will come from UABSchoolofNursingPHD@screening.services, DISA Global Solutions Inc. The cost of the background check is currently $92.

Approximately 24 hours after you order and payment has been processed for your background check, you will receive an email from OTSWEBAPP@Labcorp.com. This email will contain your LabCorp registration number to complete your drug screening. To ensure sufficient time for your drug screening, it is recommended that you either call LabCorp or schedule an appointment online.

The deadline to complete both the background check and the drug screening is 10 business days from the date of the first background check email you are sent, unless you are notified of a change in the deadline. It is recommended that you order and pay for your background check within 3 days of receiving the email from UABSchoolofNursingPHD@screening.services**.**

Please remember your UAB email account is one of the official forms of communication for UAB. If your UAB email account is forwarded to another email account, please be aware that important emails may be filtered into your junk, spam, or other folder. You are responsible for checking your UAB email. Any correspondence missed because you forwarded your UAB email to a different email account (Yahoo, Gmail, etc.) will not excuse you from complying with these requirements.

During this process, either DISA or LABCORP may attempt to reach out to you by phone. Please answer all calls until this process is complete, as the testing centers may need additional information from you and will not leave a message due to privacy concerns.

Please Note: Missing these important deadlines may jeopardize your seat in the program. The School of Nursing may rescind your admission offer for PhD Pathway if you fail to comply with these requirements. Please be diligent and complete the background check and drug screening requirements in a timely fashion.

In addition, the email with results will come from DISAGlobalSolutionsInc@screening.services. Please let us know if you have any additional questions!

Staffing and supply shortages have increased the wait time on the return of your background check/drug screen results to UAB Nursing Student Success. The hold on your account will be removed as soon as we have full clearance from DISA on both the background check and drug screening. Please know that there is a seat available for you to register in your spring classes. We request your continued patience and understanding in this process.

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School of Nursing

American Health Insurance Portability and Accountability Act of 1996 (HIPAA)
HIPAA training is a one-time training
You will have access to HIPAA one semester prior to enrolling in the pathway.

HIPAA works to ensure that all medical records, medical billing and patient records meet certain consistent standards with regards to documentation, handling and privacy.

**If you have taken HIPAA training with another healthcare institution, you will need to retake it through UAB's Campus Learning to complete the requirement and receive credit.

New UAB School of Nursing Students
Do not go directly into CAMPUS LEARNING, use the link provided.

To access the HIPAA training course go to:
(clicking the link enrolls you into the course)
https://uab.docebosaas.com/lms/index.php?r=course/deeplink&course_id=27&generated_by=151665&hash=89c0297a2b74
74b2ada7e5ab7cc93766a3192250

- Click on LOGIN WITH BLAZERID
- Login using your BlazerID/Username and Password
- Successful completion is considered a score of 75% or better. If unsuccessful, repeat these steps until you have a satisfactory score.
- You can see your certificate in the Campus Learning System by going to "My Activities" located on the homepage; however, **https://www.uab.edu/learninglocker** is the repository for full training history. Courses completed within the campus learning system will be logged into the Learning Locker within 1 business day

Returning/Current UAB School of Nursing Students or Previous/Current UAB Employees
If you have completed HIPAA with UAB as a Previous Student or Employee, you will need to send a copy of your Certificate to the Office of Student Success via email (**sonstudaffrs@uab.edu**) or fax to 205.934.5490.

- To view and email/print your HIPAA certificate in the Campus Learning System go to **https://www.uab.edu/learninglocker**
- LOGIN WITH BLAZER ID
- Select "View Certificate" and either Print or Email your Certificate to the Office of Student Success.

The School of Nursing will have access electronically to your training. Once you complete the training you should expect **2** business days before your hold is removed.

If you are having problems accessing Campus Learning or accessing your course/certificate, please email campuslearning@uab.edu. Please include a phone number where you can be reached. This phone should be near your computer so that someone can assist you.

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Bloodborne Pathogens Course (OSHA)
Occupational Safety and Health Administration
Bloodborne Pathogens Course is REQUIRED ANNUALLY.
You will have access to OSHA one semester prior to enrolling in the pathway.

New UAB School of Nursing Students
(Do not go directly into CAMPUS LEARNING, use the link provided)
To access the "Bloodborne Pathogens Course" (OSHA) training go to:
(clicking the link enrolls you into the course)

https://uab.docebosaas.com/learn/course/153/bloodborne-pathogens-course?generated_by=110583&hash=359fdc15db83111dfda07741a9e0b55a2941b249

- Click on LOGIN WITH BLAZERID
- Log in using your BlazerID and password
- Click on Bloodborne Pathogens Course
- You will need to click on and go through *Course Material, Reality Check, Course Assessment and Course Evaluation*
- You can see your certificate in the Campus Learning System by going to "My Activities" located on the homepage; however, **https://www.uab.edu/learninglocker** is the repository for full training history. Courses completed within the campus learning system will be logged into the Learning Locker within 1 business day

Returning & Current UAB School of Nursing Students (1 year or older)
Certification and Retraining

- Log in to Campus Learning **https://uab.docebosaas.com/learn**
- Click on LOGIN WITH BLAZERID
- Log in using your BlazerID and password
- From the landing page-upper right side-you will choose MY ACTIVITIES from the profile section
  -Under 'My Activities' you will choose Certification – this will take you to the 'Certification and Retraining' page
- -Click on RENEW NOW – this will direct you to the course that requires re-certification*
  (All previous certificate's will be available in the Learning Locker)
- You will need to click on and go through *Course Material, Reality Check, Course Assessment and Course Evaluation*
- You can see your certificate in the Campus Learning System by going to "My Activities" located on the homepage; however, **https://www.uab.edu/learninglocker** is the repository for full training history. Courses completed within the campus learning system will be logged into the Learning Locker within 1 business day

The School of Nursing will have access electronically to your training. Once you complete the training you should expect **2** business days before your hold is removed.
*If you are having problems accessing Campus Learning or accessing your course/certificate, please email campuslearning@uab.edu. Please include a phone number where you can be reached. This phone should be near your computer so that someone can assist you.

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REGISTRATION

To register for courses, please sign in to BlazerNET (www.uab.edu/blazernet).
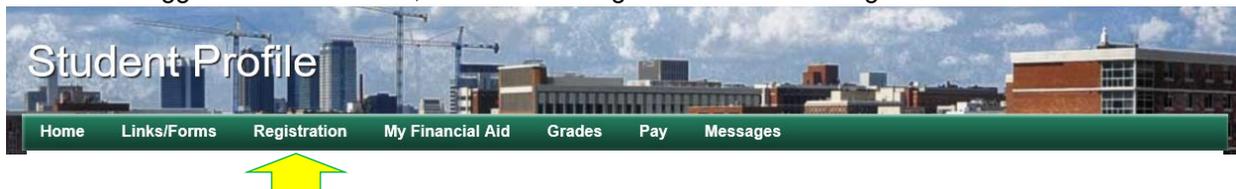Access to BlazerNET requires a BlazerID and password.

UAB Central Authentication System
Enter your BlazerID and Password:

BlazerID:

Password:

How to Register through BlazerNET

- Once logged in to BlazerNET, click on the "Registration" link on the green ribbon.

Student Profile

| Home | Links/Forms | Registration | My Financial Aid | Grades | Pay | Messages |

To look up the Course Reference Number for your course(s)

- Click on the "Look Up Classes" link to search the available courses for the term. You may search for classes with several different criteria, but the only block that must be utilized is the *Subject* block.

1.
Registration

Select Term
Look Up Classes
Add, Drop or Withdraw Classes
Change Class Options
Week at a Glance
Student Detail Schedule
Registration Status
Active Registration
Registration History
Enrollment Verification Request
Banner Self-Service Enrollment Verification Request
Order Text Books
Schedule Planner -- New!!!
Create the perfect class schedule.
Schedule Planner Registration Cart
RELEASE: 8.8

2.
Select Term

💬 May, 10-Week. Summer A, and Summer B session classes are listed under the Summer Term.

Search by Term:
None

Submit   Reset
RELEASE: 8.7.1.2

3.
Look Up Classes

Subject:
NOH-Nursing -Occupational Hlth
NPE-Nursing - Pediatrics
NPN-Psyc Mental Hlth Nur Prac
NRM-Nursing - Research Methods
NST- NUR - Statistical Methods
NTC-Nursing - Teaching
NTR-Nutrition Sciences
NUR-Nursing
NWH-Nursing - Womens Health
OB-Oral Biology

Course Search   Advanced Search   UAB Online/Distance Class Search

- Once the classes are visible, register for the course(s) by clicking on the empty checkbox to the left of the CRN and clicking on the Register button at the bottom of the screen.

Sections Found

MA-Mathematics

Select	CRN	Subj	Crse	Sec	Cmp	Cred	Title	Days	Time	Cap	Act	Rem	WL Cap	WL Act	WL Rem	Instructor	Date (MM/DD)	Location	Comments
							MA-180 PREREQUISITES: Undergraduate level **MA 102** Minimum Grade of C or Undergraduate level **MA 105** Minimum Grade of C or Undergraduate level **MA 106** Minimum Grade of C or Undergraduate level **MA 107** Minimum Grade of C or Undergraduate level **MA 110** Minimum Grade of C or Undergraduate level **MA 125** Minimum Grade of C or Undergraduate level **MA 225** Minimum Grade of C												
☐	**36779**	MA	180	ZN	01	3.000	Intro to Statistics	MW	08:00 am-08:50 am	55	21	34	10	0	10	TBA	01/08-04/27	CH 443	Recommended that 2 years of high school algebra or MA102 has been completed before taking course. First day attendance is mandatory.Students who have

Register   Add to WorkSheet   New Search

[Week at a Glance | Student Detail Schedule]

If you already know the CRN for your course(s)

- Click on the "Add/Drop Classes" link in the "Registration Tools" channel.

Registration

Select Term
Look Up Classes
Add, Drop or Withdraw Classes
Change Class Options
Week at a Glance
Student Detail Schedule
Registration Status
Active Registration
Registration History
Enrollment Verification Request
Banner Self-Service Enrollment Verification Request
Order Text Books
Schedule Planner -- New!!!
Create the perfect class schedule.
Schedule Planner Registration Cart
RELEASE: 8.8

- The Add/Drop worksheet will appear. There will be a row of empty blocks. Type in the 5-digit CRN for your course in any of the blocks. If you are registering for more than one course, tab over to another block and enter in all of the courses at one time. (You do not need to type in the subject or number for the course, only the CRN is required!)
- Click on the *Register* button at the bottom of the screen when complete.

Add Classes Worksheet

CRNs

Register   Class Search   Reset

[View Holds | Change Class Options]

IMPORTANT NOTE:

Register for co-requisites in your Clinical Sequence by selecting **BOTH** courses required at the same time. Failure to select both courses at the same time will cause an error and not allow you to register for either course until **BOTH** are selected simultaneously.

If you receive a Registration Error Message when registering, please contact the Office of Student Success in the School of Nursing 205-975-7529

Please see the list below of **common registration errors:**

- *RAC:* A Registration Access Code (RAC) is required for your account.
- *CORQ:* Course has a corequisite. The CRN of the required corequisite should follow the CORQ error message. Please submit the courses simultaneously.
- *PREQ/TEST SCORE:* Course has a prerequisite or test placement requirement. The CRN or title of the required prerequisite should follow the PREQ error message.
- *CLOSED SECTION:* There are no more seats available in the course.
- *NEED INSTRUCTOR PERMISSION:* Permission of the instructor is required to take this course.
- *LEVEL RESTRICTION:* Your classification level is invalid for this course.
- *HOLDS:* Holds are on your account, which restrict you from registering. Please scroll down until you see a "View Holds" icon. This icon will show your specific holds. Please see the department listed to remove the hold. Please note a FUTURE HOLD will not prevent you from registering.

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Fall 2026 Academic Calendar

March 23 – April 3	Assigned Time Registration
Mar 23 – Aug 23	Open Registration • Degree-seeking graduate and undergraduate students • Non-degree-seeking graduate students
July 27– Aug 23	Open Registration • Non-degree-seeking undergraduate students
TBA	Payment Deadline: 100% balance due for Traditional Payment; 1st Payment Deadline for Blazer Flex Plan. Failure to pay the first installment of the Blazer Flex Plan will result in assessment of a $50 late fee.
Aug 24	Classes Begin
Aug 24 – Sept 1	Registration after classes begin
Sept 1	Last Day to Drop/Add (Without paying full Tuition & Fees)
Sept 2 – Oct 7	Extended drop period (Students may drop a course(s) without paying tuition, student is responsible for fees associated with the course(s))
Sept 7	Labor Day Holiday
TBA	2nd payment deadline for Blazer Flex Plan Failure to meet payment deadline results in assessment of a $50 late fee.
Oct 7	Last day to drop a course without paying full tuition (student is responsible for course fees)
TBA	2nd Payment Deadline for Blazer Flex Plan Failure to meet payment deadline results in assessment of a $50 late fee.
Oct 16	Last day to withdraw from a course with a Grade of "W"
TBA	Final Payment Deadline for Blazer Flex Plan Failure to meet payment deadline results in assessment of a $50 late fee. Housing Fee - Blazer FlexPlan $100 for students that live in residence halls.
Nov 2 – Nov 13	Assigned Time Registration for Spring 2027
Nov 23 – Nov 29	Fall/Thanksgiving Break
Dec 4	Last Day to withdraw for the term. (Must withdraw from all courses)
Dec 4	Last Day of Class
Dec 5 – 6	Undergraduate Reading Days
Dec 7 – Dec 11	Final Exams
Dec 9	Doctoral Hooding Ceremony
TBA	Commencement
Dec 14	Grades Due (by midnight)
Dec 16	Grades Available Online

UAB The University of
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School of Nursing

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UAB Student Health

Send questions through patient portal: https://studentwellness.uab.edu/login_directory.aspx

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VIVA Health (health insurance)
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