

10. Required References:

Present Employer/Supervisor: Name: _____

Address: _____

Dean/Director School of Nursing: Name: _____

Address: _____

A practicing R.N. or physician Name: _____

who is familiar with your work Address: _____

as a registered nurse. _____

11. Have you applied to anesthesia school and not been accepted (denied admission)? Yes No

If yes, please explain the circumstances.

12. Have you ever attended another school(s) of anesthesia? Yes No

If yes, please explain why you did not complete the program.

13. Have you ever been dismissed or suspended from a college, university or professional program, including a school of anesthesia? Yes No If yes, please explain.

14. Has your nursing license ever been revoked in any state? Yes No If yes, please explain.

15. Why did you select the University of Michigan-Flint / Hurley Medical Center Anesthesia Program?

13. Do you ever use illegal drugs such as narcotics, marijuana or cocaine? Yes No

14. Enclose a 500 -1000 word statement about your professional background, goals, preparation, reason for selecting anesthesia, and future career expectations.

Please return completed application form together with non-refundable \$55.00 (*Check or money order made payable to the University of Michigan-Flint*). **Applications received without fees will not be processed.**

**Office of Graduate Programs
University of Michigan-Flint
251 Thompson Library
Flint, Michigan 48502-1950**

All information submitted to the Committee on Admissions remains the property of the University of Michigan-Flint/Hurley Medical Center Anesthesia Program.

Admission to the Anesthesia Program shall not be denied to any applicant because of age, race, color, religion, national origin, marital status, sex, weight, height, or handicap.

I certify that the information on this application is true, complete, and accurate to the best of my knowledge; I further understand that any information given falsely or intentionally withheld will make me ineligible for admission or continued enrollment in the program; I hereby authorize: (1) Hurley Medical Center to release to the University of Michigan-Flint didactic and clinical grades and evaluations, (2) the University of Michigan-Flint to release to Hurley Medical Center grades and evaluations, (3) for both institutions to exchange any and all information appearing on the application for admission; and (4) the program to contact the references indicated in the application and to verify all of the other information provided.

Signature: _____ Date: _____