

# University of Michigan-Flint/Hurley Medical Center



Master of Science in Anesthesia Program  
University of Michigan-Flint



Office of Graduate Programs – 251 Thompson Library  
303 E. Kearsley  
Flint, MI 48502-1950

## Supplemental Application Form

Applying for the class beginning September 20\_\_\_\_\_

- Early Fall Admission Decision (Deadline October 1<sup>st</sup>)
- Spring Admission Decision (Deadline February 1<sup>st</sup>)

*Please print legibly (or type)*

**1. Full legal name** \_\_\_\_\_  
Last
First
Middle

**2. Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Former names** \_\_\_\_\_

List all former names which may appear on supporting documents

**3. Have you ever served in the U.S. military service?**       Yes       No

If yes, what branch? \_\_\_\_\_ Year discharged: \_\_\_\_\_

\_\_\_\_\_ Honorable discharge      \_\_\_\_\_ Dishonorable discharge

**4. Education:**

Please list any additional post-secondary institutions attended NOT LISTED on UM-Flint Application for Graduate Admission

Educational Institution	City	State	Date Entered Mo/Yr	Date Left Mo/Yr	Diploma/ Degree Earned	Date Received/ Expected



**10. Required References:** Please list the name and address of each required recommender below.

*Your present Employer/Supervisor:*

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

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

*Dean/Director/Faculty  
of School of Nursing:*

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

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

*A practicing R.N. or physician who is  
familiar with your work as a Registered Nurse:*

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

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

- 11.** Have you applied to anesthesia school and not been accepted (denied admission)?  Yes  No  
If yes, please explain the circumstances.

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- 12.** Have you ever attended another school(s) of anesthesia?  Yes  No  
If yes, please explain why you did not complete the program.

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- 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.

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 Has your nursing license ever been revoked in any state?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

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

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

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

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: \_\_\_\_\_

**Please return this completed Supplemental Application Form to the Office of Graduate Programs at the address below.**

**You must also complete and submit all other required documents, as specified in the application and on the website: [http://www.umflint.edu/graduateprograms/anesthesia\\_admission.htm](http://www.umflint.edu/graduateprograms/anesthesia_admission.htm)**

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(810) 762-3171**