



University of Michigan-Flint
Graduate Nursing Programs

Supplemental Application Form

-For Office Use Only-
ID: _____
Term: _____

This application form is required *in addition to* the regular Application for Graduate Admission. Please complete this form and mail or fax it to:

University of Michigan-Flint
Office of Graduate Programs, 251 Thompson Library
303 E. Kearsley St.
Flint, MI 48502-1950
Fax: (810) 766-6789

1. Name _____
(please print) Last First Middle
2. Birthdate _____
MM/DD/YYYY
3. Term and year of proposed first enrollment:
 - DNP: Fall (Sept.) _____ (year)
 - DNP: Winter (Jan.) _____ (year)
 - DNP: Spring (May) _____ (year)
 - MSN: Winter (Jan.) _____ (year)
 - Certificate: Fall (Sept.) _____ (year)
 - Certificate: Winter (Jan.) _____ (year) *Psychiatric Mental Health only*
 - Certificate: Spring (May) _____ (year) *Psychiatric Mental Health only*
4. Select whether you plan to pursue the full-time or part-time option:
 - Full time
 - Part time
5. Please identify the curricular pathway you will be taking:

DNP Program Pathways:
 - BSN-DNP
 - MSN-DNP (for the MSN with existing advanced practice certification)
 - RN-DNP with a non-nursing bachelor's degree
MSN Program Pathways:
 - BSN-MSN
 - RN-MSN with a non-nursing bachelor's degree
 - RN-MSN with no bachelor's degree
 Nursing Post-Graduate Certificate Pathway
6. Are you licensed in more than one state?
 - Yes
 - No

7. Please list any encumbrances you have on any nursing license.

I have the following encumbrances:

No encumbrances

8. BSN-DNP, RN-DNP, MSN, post-graduate certificate applicants: In what state do you plan to do your clinical hours? _____

9. MSN-DNP applicants: How many clinical hours did you complete in your master's program? _____
(Proof of this will be required as part of your graduation requirements.)

10. MSN applicants: Please list the name of the institution and the semester/term you took a **statistics** course:
Institution _____ Semester/Term _____

I certify that all the information given in this application is true and complete. I understand the University of Michigan may verify any information I have provided. Falsification or omission of information or credentials may result in the withdrawal of my application or in the revocation of admission. I understand all credentials and documents I submit become the property of the University of Michigan.

Signature _____

Date _____