



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 submit to our office via email, mail, or fax:

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

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 - EXL: Fall (Sept.) _____ (year)
- DNP: Winter (Jan.) _____ (year)
- DNP: Spring (May) _____ (year)
- MSN: Winter (Jan.) _____ (year)
- Certificates: Fall (Sept.) _____ (year)

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, circle one concentration choice:
 - Adult-Gerontology Acute Care Nurse Practitioner
 - Adult-Gerontology Primary Care Nurse Practitioner
 - Family Nurse Practitioner
 - Psychiatric Mental Health Nurse Practitioner
- RN-DNP with a non-nursing bachelor's degree
- MSN-DNP (for the MSN with existing advanced practice certification)
- DNP - Executive Leadership

MSN Program Pathways:

- BSN-MSN, circle one concentration choice:
 - Family Nurse Practitioner
 - Nurse Educator
- RN-MSN with a non-nursing bachelor's degree
- RN-MSN with no bachelor's degree

Nursing Post-Graduate Certificate Pathway:

- Adult Gerontology Acute Care
- Psychiatric Mental Health
- Nurse Educator

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 _____