University of Michigan-Flint
Graduate Nursing Programs

Supplemental Application Form

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 ____________________________

updated May 2020