

Graduate Study Supplemental Application

SCHOOL OF NURSING

- MASTER OF SCIENCE IN NURSING
- POST – MASTER’S APRN CERTIFICATE
- GRADUATE CERTIFICATE

Oakland University

Graduate Admissions
520 O’Dowd Hall
Rochester, Michigan 48309-4475

Name _____

Address _____
(Street) (City) (State) (Zip)

Email _____ Daytime Phone _____

Applications to all programs are accepted at any time for admission in the Fall and Winter semesters. However, **the final deadline for Nurse Anesthesia applications is September 15 for the class that begins full-time study the following Fall semester.**

Required Admission Materials

- An application for admission to graduate study.
- Official transcripts of all graduate and undergraduate course work.
- Two letters of recommendation from professionals who are able to attest to the applicant’s ability (**nurse anesthesia program applicants must have one recommendation from their current nurse manager**).
- Official Graduate Record Examination results for those applicants whose undergraduate GPA’s are less than 3.5. (Nurse Anesthesia only)
- Registered Nurse License
- Proof of BLS or ACLS certification (**Nurse Anesthesia only**).
- Completed supplemental application.

Check one:

Master of Science In Nursing
Post-Master’s APRN Certificate
Graduate Certificate

Check one:

☐ Adult/Gerontological Nurse Practitioner ☐
Family Nurse Practitioner
☒ Nurse Anesthesia
Forensic Nursing

1. RN License #: _____ Expiration Date: _____

Total number of years as practicing Registered Nurse: _____

2. Check one:

☐ I am applying for FULL-TIME study beginning _____

☐ I am applying for PART-TIME study beginning _____

I expect to complete the program in _____ years.

3. Check one regarding Graduate Record Examination:

Not required, my undergraduate grade point average is 3.5 or above. (Nurse Anesthesia only)

I have taken the GRE and requested my scores be sent to Oakland University,
[Attach copy of receipt or evidence of taking exam]

☐ I have applied to take the GRE on [Indicate the date]: _____.

4. References have been requested from:

Name

Address

5. Current license to practice nursing:

- ☐ I have a Michigan license. [Attach a copy of the license]
- ☐ I have applied for a Michigan license. I am currently licensed in the State of _____ [Attach a copy of the license]

6. List your nursing work experience starting with most recent:

Current Job

Title: _____
Unit: _____
Month/Year hired: _____
Organization: _____
Shifts worked: _____
Hours per week: _____

Immediate Past Job

Title: _____
Unit: _____
Month/Year hired: _____
Organization: _____
Shifts worked: _____
Hours per week: _____

Next Prior Job

Title: _____
Unit: _____
Month/Year hired: _____
Organization: _____
Shifts worked: _____
Hours per week: _____

Next Prior Job

Title: _____
Unit: _____
Month/Year hired: _____
Organization: _____
Shifts worked: _____
Hours per week: _____

7. Total number of years of Critical Care Experience (**required for nurse anesthesia applicants**): _____

8. Total number of years as an Advanced Practice Nurse (**required for post-master's APRN applicants**): _____

9. List current certifications (i.e. CCRN, ACLS, NALS, BLS, PALS):

10. What attracted you to Oakland University's graduate nursing program?

11. List extracurricular activities that you have completed post high school using the following categories. These can be academic, professional, or community activities.

Responsibility/Leadership/

Management

Roles:

Honors/Awards/Scholarships//Fellowships:

Professional/Organization Membership(s):

Community Service:

Presentations/Publications/Research Activities/Conferences/Seminars Attended:

Precepting/Classroom Instruction/:

12. Goal statement of 500 to 1,000 words, with attention given to the applicant's professional goals including the contributions the applicant expects to make to the profession of nursing.

I certify that the information submitted in this supplemental application form is complete and correct to the best of my knowledge. I realize that misrepresentation in this application is grounds for dismissal if I should be granted admission.

Signature _____ Date _____

Submission Instructions

Complete the form in Adobe Acrobat • Click "File" • Click "Print" • In the "Printer" drop down box select "Adobe PDF" • Click the "Print" button • Choose the location to save the file on your computer • Click "Save" • Log in to the Admission Login Page using your email and password and click 4.Submit Supplemental Items and upload your document. Don't forget to first complete your Admission Application if you haven't done so already.

**Graduate Study Supplemental Application
NURSE ANESTHESIA TRACK
SUPPLEMENTAL APPLICATION**

Oakland University
Graduate Admissions
520 O'Dowd Hall
Rochester, Michigan 48309-4475

Name _____

Address _____
(Street) (City) (State) (Zip)

Email _____ Daytime Phone _____

The following is a list of the required prerequisite courses for the program.
A minimum of a 3.0 (B) is required in each course.

Course	University	Date Completed	Course Title/Description	Credits	Grade
Physiology (must be within 7 years)					
Pathophysiology (must be within 7 years)					
Pharmacology (must be within 10 years)					
Anatomy (must be within 10 years)					
Organic Chemistry or Biochemistry (must be within 10 years)					

Please list how often you are involved in the following ICU situations

	Daily	Weekly	Monthly	Occasionally	Seldom
Ventilated patients					
Patients with arterial lines					
Patients with CVP lines					
Patients with PA catheters					
Patients on multiple vasopressors (2 or more)					

What is your typical patient load? _____

How many hours per week do you work & which shift? _____

Signature _____ Date _____

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Incomplete forms will delay the admissions process.