

Graduate Study Supplemental Application: School of Nursing: Master of Science in Nursing, Post-Master's APRN Cert, Graduate Certificate

Last Name:

First Name:

Email:

Daytime Phone:

Applications to all programs are accepted at any time for admission in the Fall and Winter semesters.

Required Admission Materials

- * An application for admission to graduate study.
- * Official Transcripts of all nursing graduate and undergraduate degrees.
- * Two letters of recommendation from professionals who are able to attest to the applicant's ability.
- * Goal statement (to be uploaded to application)
- * Unrestricted Registered Nurse License
- * 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
- Forensic Nursing

1 RN License Number:

Expiration Date:

Total number of years as a practicing Registered Nurse:

2 Current license to practice nursing:

- I have an unrestricted Michigan License (attach copy of the license).
or
- I have applied for an unrestricted Michigan License.
I am currently licensed in the state of (attach copy of license).

3 Check one (NP Applicants Only):

- I am applying for FULL-TIME study beginning:
- I am applying for PART-TIME study beginning:

4 Total number of years as an Advance Practice Nurse (Post-Master's APRN Applicants only):

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

6 For the goal statement of your supplemental item checklist, please answer and upload the question that pertains to the program you are applying for.

MSN/Graduate Certificate – Forensic Nursing: Professional statement of 500 to 1,000 words. The statement should focus on the applicant's reason for seeking formal forensic nursing education, how recent clinical experience has prepared him/her for forensic nursing practice, career goals after program completion, as well as plans for professional development in the specialty of forensic nursing.

MSN/APRN PM Cert – Nurse Practitioner tracks: This 500 word statement should reflect the role of the nurse practitioner in primary care and the professional goals that are being strived for after earning an MSN/Post Master's Certification-AGNP/FNP degree.

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 into the Admission Login Page using your email and password and click "Submit Supplemental Items" button