

**Northern Michigan University
Department of Nursing
Master of Science in Nursing
Family Nurse Practitioner Program
Application for Admission**

Deadline for applying for fall 2005 admission is April 1, 2005

Name	
Address	
City/State/Zip	
Home Phone	
E-Mail Address	
Date of Birth (optional)	

Institution Conferring BSN					
Year Graduated					
Undergraduate GPA					
Is Program Accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know				
Please rate your computer proficiency		Poor	Average	Good	Excellent
	Microsoft Word				
	Power Point				
	Email				
Internet					
Please attach the following to this application	<input type="checkbox"/> Copy of RN License <input type="checkbox"/> Current Resume <input type="checkbox"/> One page description of your goals for graduate study <input type="checkbox"/> Provide names of those individuals who will submit letters of recommendation (see attached form)				
The faculty reserves the right to select the applicants who shall be admitted to the MSN program. Applicants who are not selected for admission must reapply to be considered for future admission. I understand the above and believe I have or will have fulfilled the requirements for admission to the MSN Program.					
Applicant's Signature: _____			Date: _____		

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS SPACE			
	Grade	Date	Institution
Anatomy			
Physiology			
Health Assessment			
Statistics			
Graduate Course(s)			
Years of RN Experience			
Admit	<input type="checkbox"/> Regular Admit <input type="checkbox"/> Conditional <input type="checkbox"/> Non-Degree		