



**University of Detroit Mercy**  
**APPLICATION FOR APPLYING WITHIN THE UNIVERSITY TO THE TRANSFER NURSING PROGRAM**  
**McAuley School of Nursing**

**Instructions: Student must complete form and submit it along with all other supplemental documents to Jenny Duncil. You may submit all documents via email to duncilj@udmercy.edu or fax to 313-993-1271. Internal applicants must meet the same criteria as external applicants.**

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Major/Program: \_\_\_\_\_ Current GPA \_\_\_\_\_

Term you wish to apply? Fall  Winter  Summer  Year 20\_\_\_\_\_

Track you are applying for: Full-Time (Fall Only)   
 Part-Time

\_\_\_\_\_  
 Student Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Admissions Committee Use Only**

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ACCEPTED  REJECTED  Track: Full-Time  Part-Time   
 Term Admitted: Fall 20\_\_\_\_\_  
 Winter 20\_\_\_\_\_  
 Summer 20\_\_\_\_\_

Conditions, if any: \_\_\_\_\_

College Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_