



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 dunciljl@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: ____/____/____

Admissions Committee Use Only

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

Conditions, if any: _____

College Signature: _____ Date ____/____/____