



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 ____/____/____