

UNIVERSITY OF MICHIGAN SCHOOL OF NURSING

Office of Practice and Professional Graduate Programs

400 N. Ingalls, Suite 3160, Ann Arbor, MI 48109

Email: UMSN-GradAdvisors@med.umich.edu Fax: (734) 764-5741

CERTIFICATE IN NURSING EDUCATION (CNE)

INTENT & APPROVAL FORM

Student information (please print):

Last Name: _____ **First & Middle Name:** _____

UM ID: _____ **Email:** _____ **Phone:** _____

Program (check one):

- _____ PhD
- _____ DNP
- _____ Master's Program: _____
- _____ Post-Master's Program : _____
- _____ Certificate in Nursing Education ONLY _____
- _____ Other: _____

Expected Graduation (Term/Year): _____

Expected Term for Mentored Teaching Experience N697 (Term/Year): _____

Student Signature: _____ **Date:** _____

Approved by: _____ **Date:** _____
Director of Professional Graduate Programs