

UNIVERSITY OF MICHIGAN SCHOOL OF NURSING

Office of Practice and Professional Graduate Programs

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

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

Please complete Part I and return to the Office of Practice and Professional Graduate Programs.

Part I: To be completed by the student (please print):

Last Name: _____ First & Middle Name: _____

UM ID: _____ Email: _____ Phone: _____

Please specify the information to be certified: _____

"I authorize the School of Nursing to certify and release the above information to the address listed below:"

Mail to: _____

Pick up: _____

Student Signature: _____ Date: _____

Part II: To be completed by the Office of Practice and Professional Graduate Programs

_____/_____/_____
Anticipate Graduation Date Degree GPA

Enrollment:

_____ Full Time(12 hours or more) _____ Half Time (6-11 hours) _____ Less than half time (1-5 hours)

_____/_____/_____ to _____/_____/_____

Other: _____

"The information stated in Part II regarding the above student is correct."

Academic Advisor Signature: _____ Date: _____