

**UNIVERSITY OF MICHIGAN SCHOOL OF NURSING**  
**OFFICE OF STUDENT, ACADEMIC & MULTICULTURAL SERVICES**  
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**OCCUPATIONAL HEALTH NURSING CONCENTRATION (OHN)**  
**INTENT & APPROVAL FORM**

Student information (please print):

Last Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_

UM ID: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program:

\_\_\_\_\_ Adult-Gerontology Primary Care Nurse Practitioner

\_\_\_\_\_ Primary Care Family Nurse Practitioner

Expected Graduation (Term/Year): \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Dr. Marjorie C. McCullagh