



## 2018-2019 APPLICATION SCHOOL OF NURSING DEAN'S CIRCLE

Member selection will be based on the responses to these questions and academic standing (*including grade point average, class standing and nursing credits completed*). Membership is limited.

**Responses must be typed and returned to the Office of Academic Advising, School of Nursing, 3027 Human Health Building, Rochester, MI 48309 by Friday, May 4, 2018.**

Name: \_\_\_\_\_ G#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

OU Email: \_\_\_\_\_ @oakland.edu

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Please indicate: Number of *Oakland University nursing credits* you will have completed at the end of the current semester. \_\_\_\_\_

BSN       Second Degree BSN       RN/BSN       MSN

1. What leadership roles have you held or do you currently hold? Please explain your duties as a leader.

2. Please explain how you have contributed as a member of a team.

3. Why would you like to be a member of the School of Nursing Dean's Circle?

4. Do you have any suggestions for how the members of the Dean's Circle can individually and collectively contribute to the welfare of the School of Nursing population?

5. What contributions have you made, or anticipate making, to the nursing profession?

Please check all boxes and sign below:

- If I am accepted, I will attend membership meetings and/or meet 10 hours of service per academic year (Fall, Winter and Summer), hours will be prorated for students who will graduate prior to end of academic year. Students will be required to track their own service hours on E-Space.**
  
- I certify that all the information provided in this application I have included is complete and accurate.**
  
- I understand that Dean's Circle applicants must be in good academic standing and good disciplinary standing at Oakland University. I authorize that my student conduct record be reviewed with the OU Dean of Students Office as part of the selection process.**

\_\_\_\_\_

Applicant Signature

Date

Print Full Name: \_\_\_\_\_