

Master of Healthcare Innovation **SUPPLEMENTAL APPLICATION**

Required for Transfers only - if you were previously enrolled in a Graduate degree program at The Ohio State University

Refer to our website for specific instructions, additional forms, and application deadlines:

<https://nursing.osu.edu/academics> → Master of Healthcare Innovation

NAME: _____ **Date of Birth (MM/DD):** _____

Online Program

This certificate is offered exclusively in a distance learning format.

Classes may be offered in either synchronous (specific day and time) or asynchronous (on your schedule) formats. Students will not be required to come to campus. Additionally, if a student in an exclusively distance learning option wants to take a nursing course in-person on the Columbus campus, they will be asked to petition for permission.

- | | | |
|---|-----|----|
| 1. Do you currently live in an authorized state and plan to continue living in an authorized state during your enrollment in the program? | Yes | No |
| 2. Do you currently live in an unauthorized state but plan to relocate to an authorized state prior to the start of the program? | Yes | No |
| 3. Do you currently live in an unauthorized state and do not plan to relocate to an authorized state prior to the start of the program? | Yes | No |

I certify that I have read and agree with these statements.

Completion Agreement for Transfer Applicants

I acknowledge my application is not complete until I submit this application and all required materials, including my electronic interview. I understand if I do not submit an electronic interview, my application will not move forward in the review process. Please visit our website (<http://u.osu.edu/coninterviews/>) to review the instructions and access the link to complete your interview.

I certify that I have read and agree with this statement.

Please enter your initials to verify your identity: _____

Email completed form to: CON-gradrecords@osu.edu