



MICHIGAN UNDERGRADUATE GUEST APPLICATION

(Please follow the instructions on the reverse side of this page)

PART I (To be completed by applicant)

1. Name: _____
Last (Maiden) First Middle Additional Name(s)
2. *Social Security #: _____ UIC #: _____
3. *Sex: ☐ M ☐ F 4. *Birth Date: _____ 5. Citizenship (Country): _____ (Visa Type) _____
- 6a. *Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino
- 6b. *Race: (May select one or more)
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
- *Information is optional and is requested to fulfill obligations to the Federal Government. This information will not be used in a discriminatory manner and will be held confidential. Failure to respond will not subject applicant to adverse action.
7. Current Address: _____ Phone: (____) _____
No., Street, City, Zip
8. Home Address: _____ Phone: (____) _____
No., Street, City, Zip
9. Email Address: _____ 10. Are you a veteran? ☐ Yes ☐ No
11. State of Legal Residence _____ County of Legal Residence: _____ Legal residence since: _____
12. Guest Application to: _____
College or University, City, State
13. Guest Term Dates: _____ to _____
Month, Year Month, Year
14. Have you previously applied for admission to this institution? ☐ Yes ☐ No If Yes, when _____
15. Have you previously attended classes at this institution? ☐ Yes ☐ No If Yes, please indicate dates: _____
16. Courses that you plan to take: _____

Course Number(s), Title(s)

Please note that the courses listed will not guarantee enrollment at the guest institution, or transferability to the home institution.

I certify that the above statements are true. I agree to abide by the regulations of the institutions named above while I am enrolled. I authorize the release of any records from my home institution which the guest institution may require.

Student's Signature: Joseph Smith Date: _____

PART II (To be completed by an official at the institution in which the student is currently enrolled)

1. Institution currently or last enrolled: _____
College or University, City, State (Home Institution)
2. Enrolled Status: Currently Enrolled? ☐ Yes ☐ No If no, Last Date of Attendance: _____
3. Academic Standing: "C" Average or Better? ☐ Yes ☐ No Eligible to Return? ☐ Yes ☐ No
4. Number of credits completed at home institution? _____

I certify that the statements in Part II are true.

Registrar Signs
Signature of School Official Title Date Phone No. Seal



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INSTRUCTION PAGE

This form will serve as your application for admission as a guest student at a Michigan college or university. All prospective students should check with the Guest Institution to determine if additional requirements are required for admission or enrollment. This form does not ensure transferability of courses taken at the Guest Institution to the Home Institution.

Special attention should be paid to all pre-requisite and co-requisite course requirements of the Guest Institution where the course is to be taken.

Fill out PART I of the application. Then take it to the Registrar (or officer at your school who processes Guest Applications) where PART II will be completed and signed. The completed Guest Application will then be sent from the Home Institution to the school to which you are applying.

Guest Students.....

1. are subject to all the admission and registration regulations of the Guest Institution.
2. do not have permission to register as a degree candidate at the Guest Institution.
3. are responsible to determine that the Home Institution will accept credit earned as a guest student.
4. must understand that falsification of any part of the Guest Application may result in cancellation of admission and/or registration at the Guest Institution.
5. must arrange to have a transcript of any guest credit earned as a guest student sent from the Guest Institution back to the Home Institution.
6. wishing to apply for financial aid should verify their eligibility with the Guest Institution.

Revised 08/11