

# EMU UNDERGRADUATE GUEST APPLICATION

## PART 1 (To be completed by applicant)

- Name: \_\_\_\_\_  
Last First Middle Additional Name(s)
  - \*Social Security #: \_\_\_\_\_ UIC#: \_\_\_\_\_
  - \*Sex:  M  F      4. \*Birth Date: \_\_\_\_\_
  - 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.
- Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address City State ZIP
  - Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address City State ZIP
  - Email Address: \_\_\_\_\_
  10. Are you a veteran?  Yes  No
  11. State of Legal Residence: \_\_\_\_\_ County: \_\_\_\_\_ Legal residence since: \_\_\_\_\_
  12. Current or last enrolled institution: \_\_\_\_\_  
College or University
  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) and 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 guest institution may require.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When completing Part II, the registrar can either email/mail the completed form to the EMU Admissions Office or you can arrange to pick up the sealed envelope and bring it to us directly.

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

- Institution currently or last enrolled: \_\_\_\_\_  
College or University Address City ZIP
- Enrolled student?  Yes  No
1. If Yes, number of classes completed at home institution: \_\_\_\_\_
- Academic Standing: \_\_\_\_\_
- Number of classes completed at home institution: \_\_\_\_\_

I certify that the above statements in Part II are true.

Signature of School Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone No. \_\_\_\_\_

Applicants, please mail the completed form to [transcripts\\_admissions@emich.edu](mailto:transcripts_admissions@emich.edu) to submit your guest application.