

EMU UNDERGRADUATE GUEST APPLICATION

PART 1 (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:** _____
Address City ZIP

8. **Home Address:** _____ **Phone:** _____
Address City ZIP

9. **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)

1. **Institution currently or last enrolled:** _____
College or University Address City ZIP

2. **Enrolled status:** Yes No **If No, last date of attendance:** _____

4. **Academic Standing: 'C' average or better?** Yes No **Eligible to return?** Yes No

5. **Number of credits completed at home institution:** _____

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

Signature of School Official Title Date Phone No.