

# EASTERN MICHIGAN UNIVERSITY™

## Graduate Enrollment Change Form

   -   -    

Social Security Number

OR

 **E**        

EMU Student ID Number

Name (Last, First, Middle)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (Month / Day / Year)

Permanent Mailing Address (Number and Street)

\_\_\_\_\_  
Email Address

City State/ Province/ Territory ZIP/ Postal Code Country

\_\_\_\_\_  
Home Telephone

I would like my original application for \_\_\_\_\_ updated to:  
Semester/ Year

**Winter 20** \_\_\_ **Summer 20** \_\_\_ **Fall 20** \_\_\_

I am requesting:

- The updating of my application to a different semester (I have not yet enrolled.)
- The re-enrollment in the SAME graduate program (check one below)
- Admission to different graduate program or concentration (check one below and contact the department for any additional documents that will need to be submitted for a new admission decision)

Doctorate \_\_\_\_\_  
Program

Specialist \_\_\_\_\_  
Program

Master's \_\_\_\_\_  
Program

Graduate certificate \_\_\_\_\_  
Program

Teacher Certification Endorsement:

Elementary Provisional

Secondary Provisional

Elementary Professional

Secondary Professional

Endorsement

Self Improvement

State of legal residence  Michigan  Ohio  Other How long have you lived there? \_\_\_\_\_ years \_\_\_\_\_ months

Country of citizenship  U.S.  Other

**Non-U.S. citizens: If you are in the U.S. please include a photocopy of your current visa. Contact International Admissions at [international.admissions@emich.edu](mailto:international.admissions@emich.edu) or 734-487-0205 with any questions regarding what documentation to submit.**

I am a permanent resident. Date resident status issued: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

I currently have a \_\_\_\_\_ visa

I will apply for a \_\_\_\_\_ visa

I certify that all answers in this application are complete and accurate to the best of my knowledge. I understand that misrepresentation of facts may be cause for refusal of admission, cancellation of admission, or suspension or dismissal from the University if discovered subsequently. I understand that all credentials submitted in support of the application become the property of the University and are not returnable. I agree to become knowledgeable about the rules and regulations of Eastern Michigan University and abide by them.

Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

Please return this form by mail to:

Office of Admissions. Eastern Michigan University. P.O. Box 970, Ypsilanti, MI 48197

by email to: [graduate\\_admissions@emich.edu](mailto:graduate_admissions@emich.edu) or by fax to: (734) 487 6559

Questions? Call **800. GO-TO-EMU** or **(734) 487 3060**