

# 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.