

EASTERN MICHIGAN UNIVERSITY
MICHIGAN UNIFORM UNDERGRADUATE GUEST APPLICATION
Please read the instructions on the other side before completing this application.

NOTE: If you are applying to take courses at EMU, attach a check, payable to Eastern Michigan University, for the \$30 non-refundable application fee. This application must be received in sealed institution envelope or official sealed transcript must accompany this application. If you are an EMU student using this application to apply to take courses at another institution, contact that school about possible application fees.

Part I

Name _____ *Social Security # _____
Last First Middle
*Sex M F *Birth date _____ Citizenship _____ (Visa type) _____
Country
Current address _____ Phone () _____
No. Street City State ZIP
Home address _____ Phone () _____
No. Street City State ZIP
High School _____
Name City State
Grad. Date _____
State of legal residence _____ County of legal residence _____
The above has been my legal residence since _____
U.S. Armed Services veteran? YES NO yes, discharge date _____

Application to _____ (guest institution)
College or university
Guest term dates _____ to _____
Have you previously applied for admission to this institution? YES NO
Have you previously attended classes at this institution? YES NO
If yes above, indicate dates of attendance _____ to _____
Please indicate your purpose in applying as a guest student (courses planned, etc.)

I certify that the above statements are true. I agree to abide by the regulations of the institution 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 _____ Date _____

Part II

Institution currently or last enrolled _____ (home institution)
college or university
Enrollment status currently enrolled formerly enrolled
Degree status _____ semester/quarter hours of the _____ required for the _____ degree
circle one
Standing in good standing C average or better
 eligible to return not eligible to return
I certify that the above statements regarding the student identified above are true.
Signature _____ Title _____ Date _____
seal

* Optional – for identification purposes only

INSTRUCTIONS FOR GUEST APPLICANTS

Please read these instructions before completing the application.

This form will serve as your application for admission as a guest student at a Michigan college or university.

Fill out Part I on the other side of this form. Then deliver it to the Registrar (or other officer at your school who processes Guest Application) where Part II will be filled out and signed. The completed application will be sent from there to the school to which you are applying.

A guest student:

1. Is subject to all the admission and registration regulations of the Guest Institution.
2. Does not have permission to register as a degree candidate at the Guest Institution.
3. Is responsible to determine that the Home Institution will accept credit earned as a guest student.
4. Must understand that falsification of any part of a 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 (which determines the transcript fee) to the Home Institution.
6. **Must complete the following questions regarding prior criminal convictions and/or disciplinary history, and the information provided by the student may be considered when making the decision as to whether to admit the student to the University.**

Question: Have you ever been convicted of a criminal offense other than a minor traffic violation, or found to be delinquent by a juvenile court, or are there any such charges currently pending against you at the time? _____ **Yes** _____ **No**

Question: Have you ever been expelled, suspended, placed on probation, or been subject to any other disciplinary action at any secondary school or college you have attended? _____ **Yes** _____ **No**

If you answer yes to either of these questions, you must submit a full statement of explanation on a separate sheet of paper.

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 this application become the property of the University and are not returnable. If admitted, I agree to become knowledgeable about the rules and regulations of Eastern Michigan University and abide by them.

Signature _____

Date _____

Please return this form by mail to: Office of Admissions • Eastern Michigan University • P.O. Box 921 • Ypsilanti, MI 48197 or by fax to: 734.487.6559

Questions? Call 800.GO-TO-EMU or 734.487.3060

Visit our Web site: www.emich.edu

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Send the application and application fee (if appropriate) to:

Office of Admissions
Eastern Michigan University
P.O. Box 921
Ypsilanti, Michigan 48197