



UNDERGRADUATE GUEST APPLICATION INFORMATION

Before you submit this form check with the Guest Institution to determine if additional requirements/forms are needed for admission or enrollment.

This form will serve as your application for admission as a guest student at another College or University. All prospective This does not ensure transferability of courses taken at the Guest Institution to Central Michigan University.

Special attention should be made to all pre-requisite and co-requisite course requirements of the Guest Institution where the course will be taken. Additionally, students should ensure that they are enrolled as non-degree seeking students at the Guest Institution in order to ensure there is no problems with financial aid.

Fill out PART I of the application. The Registrar's Office at Central Michigan University will complete PART II.

Guest Students

- Are subject to all the admission and registration regulations of the Guest Institution.
- Do not have permission to register as a degree candidate at the Guest Institution.
- Are responsible to determine that Central Michigan University will accept credit earned as a guest student.
- Must understand that falsification of any part of the Guest Application may result in cancellation of admission and/or registration at the Guest Institution.
- Student must arrange to have a transcript of any guest credit earned from Guest Institution back to Central Michigan University.
- Applying for financial aid should verify their eligibility with the Guest Institution.



UNDERGRADUATE GUEST APPLICATION

Name _____
Last First Middle (Additional if applicable)

Social Security # _____ UIC # _____

*Sex ___ Male ___ Female Birthdate _____ Citizenship _____ Visa _____
Country type

*Ethnicity ___ Hispanic/Latino ___ Non-Hispanic/Non-Latino

*Race (Select more than one if applies)

___ American Indian or Alaskan Native ___ Asian ___ Black/African American ___ Hawaiian/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 (_____) _____
No., Street, City, Zip

Home Address _____ Phone (_____) _____
No., Street, City, Zip

Email address _____ Are you a veteran ___ Yes ___ No

State of Legal Residence _____ County of Legal Residence _____ Legal Residence since _____

Guest Application to _____
College or University, City, State

Guest requesting term Dates _____ to _____

Previously applied for admission to this institution? ___ No ___ Yes, date(s) _____

Previously attended classes at this institution. ___ No ___ Yes, date(s) _____

Courses you plan to take as a guest (title/number)

Student Signature _____ Date _____

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.

PART II

(To be completed by Central Michigan University)

Currently Enrolled ___ Yes ___ No, Last date attended _____ Number of credits completed _____

Academic Standing ("C" average or better) ___ Yes ___ No Eligible to return to CMU ___ Yes ___ No

CMU Official _____ Date _____ Phone _____

I certify that the statements in Part II are true.