

# Michigan Uniform Undergraduate Guest Application

## Instructions To Guest Applicants

This form will serve as your application for admission as a guest student at a Michigan college or university. Check with the Guest Institution to determine if additional requirements are required for admission.

Fill out PART 1 of this form, then deliver it to the Registrar (or the officer at your school who processes Guest Applications: where PART II will be completed 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.

**Students wishing to apply for financial aid should verify their eligibility with the guest institution.**

### PART 1 (To be completed by applicant)

1. Name \_\_\_\_\_ 2. Social Security No.\* \_\_\_\_\_  
Last First Middle

3. Sex\* F \_\_\_\_\_ M \_\_\_\_\_ 4. Birth Date\* \_\_\_\_\_ 5. Citizenship \_\_\_\_\_ (Visa Type) \_\_\_\_\_  
Country

6a. Racial Background—please check only ONE category. (Optional)

Multiracial Note: For purposes of this question, you are Multiracial if you have parents from more than one of the broad race categories listed in item 6a.  
 American Indian or Alaskan Native  Asian or Pacific Islander  Hispanic  White(Non-Hispanic)  Black  Multiracial

6b. If you are Multiracial, indicate the race you identify with most or the race to which you are usually regarded in the community as belonging.  
 American Indian or Alaskan Native  Asian or Pacific Islander  Hispanic  White(Non-Hispanic)  Black

6c. If you are Multiracial, please indicate the races of your parents if they are from more than one of the broad race categories listed below.  
 American Indian or Alaskan Native  Asian or Pacific Islander  Hispanic  White(Non-Hispanic)  Black

7. Current Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
No. # Street City State ZIP

8. Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
No. # Street City State ZIP

9. High School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Name City State ZIP

10. State of Legal Residence \_\_\_\_\_ County of Legal Residence \_\_\_\_\_

The above has been my legal residence since \_\_\_\_\_

11. Application To \_\_\_\_\_ (Guest Institution)  
Name of College or University

12. Guest Term Dates \_\_\_\_\_ TO \_\_\_\_\_  
Month/Year Month/Year

13. Have you previously applied for admission to this institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Have you previously attended classes at this institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes above, indicate attendance dates \_\_\_\_\_ TO \_\_\_\_\_  
Month/Year Month/Year

15. 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 requires.*

Student's Signature

Date

\*Optional for Identification Purposes Only

(over)

**PART 2 (To be complete by officials at the institution in which the student is currently enrolled.)**

1. Institution currently or last enrolled

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Name of Home Institution—College or University Name

2. Enrollment Status: Currently Enrolled \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Degree Status: \_\_\_\_\_ Semester/Quarter Hours completed.

4. Standing: "C" Average or Better \_\_\_\_\_ Yes \_\_\_\_\_ No Eligible to Return \_\_\_\_\_ Yes \_\_\_\_\_ No

5. I certify that the statements regarding the student identified are true.

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Signature

Title

Date

Seal

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**NOT OFFICIAL WITHOUT COLLEGE/UNIVERSITY SEAL**

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*Siena Heights University Permission to Use In*

\_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_ Teacher Education

Permission of the department/program chair must be obtained for this course if it is intended to be used in one of the above areas.

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Signature of Program Chairperson

Printed Name

Date

Reminders:

A transcript of this credit will not be forwarded to your home institution unless you request this, in writing, from the guest institution. You must request your transcript to be forwarded to the Registrar's Office at Siena Heights University.

Courses for which the grade is less than a 2.00 will not be accepted in transfer by Siena Heights University. See the Siena Heights University Catalog for further clarification of this policy.