

# Detroit Mercy Incoming Guest Application

## PART I (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)*  
 ' \$ PHULFDQ , QGLDQ RU \$ QVLDQ 1DWLYH  
 ' Black or African American ' 1DWLYH +DZDLLDQ RU 2WKHU 3DFLI  
 ' : KLWH

\*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:** \_\_\_\_\_  
No., Street, City, State, Zip

8. **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

9. **Home Institution:** \_\_\_\_\_

10. **Guest Semester:** ' Fall 20\_\_\_\_ ' Winter 20\_\_\_\_ ' Summer 20\_\_\_\_

11. Have you previously applied for admission to this institution? ' Yes ' No  
 If Yes, when \_\_\_\_\_

12. Have you previously attended classes at this institution? ' Yes ' No  
 If Yes, when \_\_\_\_\_

13. **Courses requested:**

CRN	Subject	Course Number	Section	Credit Hours	Days/Time

Please note that the courses listed will not guarantee enrollment at Detroit Mercy, or transferability to your home institution.

**Please submit an unofficial copy of your transcript showing completed courses to this application.**

I understand that by signing this form, the student is legally obligated to pay tuition and fees. In the event of a default, the student is responsible for the balance due.