

# **Detroit Mercy Incoming Guest Application**

Office of the Registrar 4001 W. McNichols Rd. Detroit, MI 48221-3038 Phone: 313-993-3313 Fax: 313-993-3317 Email: registrar@udmercy.edu

## PART I (To be completed by applicant)

1.	Name	: Last	(Maiden)	First	Middle	Additional Name(s)			
2.	*Socia	I Security	#:		UIC # <u>:</u>				
3.	*Sex: 🗆	M □F <b>4.</b> *	Birth Date:	5.	Citizenship (Countr	y):(Visa Type)			
6a. *Ethnicity:   Hispanic/Latino					Non-Hispanic/Non-Latino				
*Inforr	mation is c	□ Am □ Bla □ Wh □ ptional and i	s requested to fulfill oblig	can gations to the Fed		or Other Pacific Islander formation will not be used in a discriminatory tion.			
7.	Curre	nt Addres	s:	No., Stre	et, City, State, Zip				
8.	Phone	e: ()		E	Email Address:				
			_	_	er 20 🗌 Su				
1 <i>'</i>		• •	usly applied for adm		nstitution? □ Yes [ _	□ No			
12			usly attended classe		ution? 🗆 Yes 🔲 No –	0			
			- ( - J						

#### 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 completion of any requisite courses along with this application.

I understand that by signing this form that I, the student, am legally obligated to pay all tuition and fees. In the event of default, the University may refer my account to a credit reporting agency, a collection agency, and/or initiate legal action to recover any outstanding debt. I understand that I am also responsible for the costs of collection including interest, penalties, collection agency fees, court costs and attorney fees.

### Student's Signature:\_

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