



**University of Detroit Mercy**  
**APPLICATION FOR ADMISSION to**  
**Second Degree or Certificate at the Same Level**  
**While enrolled in another Degree or Certificate**

-Student completes form and submits to Dean's office  
 -Dean's office sends form to Registrar's office prior to student registration  
 -College sends copy to ISO AND Primary College/School  
 -Allow 72 hours for processing

**PLEASE PRINT**

Student Number: **TO** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI Previous Last Name, if applicable

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt # City State Zip

Country of Citizenship: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

\*Sex: Male  Female  \*Ethnic Origin: American Indian/Alaskan Native  Multi-Racial   
 Asian/Pacific Islander  Black, Non-Hispanic  Hispanic/Spanish   
 \*Optional Information White, Non-Hispanic  Non-Resident Alien

WHAT IS YOUR PRIMARY DEGREE OR CERTIFICATE? \_\_\_\_\_

WHEN DID YOU FIRST ENROLL IN YOUR PRIMARY DEGREE OR CERTIFICATE? \_\_\_\_\_

WHICH SECOND DEGREE or CERTIFICATE DO YOU WISH TO PURSUE WHILE STILL ENROLLED IN ANOTHER DEGREE OR CERTIFICATE AT THE SAME LEVEL? \_\_\_\_\_

EFFECTIVE SEMESTER YOU WISH TO BE ADMITTED TO THE SECOND DEGREE OR CERTIFICATE.

: Fall (10) \_\_\_\_\_ Winter (20) \_\_\_\_\_ Summer (30) \_\_\_\_\_ **20** \_\_\_\_\_

DO YOU INTEND TO ENROLL ON A FULL-TIME BASIS? YES  NO

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

ACCEPTED  REJECTED  Academic Standing: **GS PR AW** Catalog Term: Fall, \_\_\_\_\_

Second Degree or Certificate Program Code:

Second Degree or Certificate Advisor ID: **TO** \_\_\_\_\_ Advisor Name: \_\_\_\_\_

Attempted Hours

Passed Hours

Earned Hours

GPA Hours

Quality Points

GPA

Conditions, if any: \_\_\_\_\_

College or School Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**REGISTRAR OFFICE USE ONLY**