



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. *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)

- ☐ American Indian or Alaskan Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or 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.

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 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: _____ Date: _____

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