



# 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 \_\_\_\_\_

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

12. Courses requested: Please submit an unofficial copy of your transcript showing completion of any requisite courses along with this application.

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.

I understand that by signing and submitting this form that I, the student, am requesting to be registered and am legally obligated to pay all tuition and fees. It is my responsibility to drop from courses if I choose not to attend and to follow all published registration dates. I understand that not dropping or not doing so by the deadline will result in me remaining responsible for tuition charges.

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: \_\_\_\_\_

Office Use Only
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