

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: _____

‘ \$PHULFDQ , QGLDQ RU \$ \$DVLNQQ 1DWLYH
‘ Black or African American ‘ 1DWLYH +DZDLLDQ RU 2WKHU 3DFL
‘ : 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: _____
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