

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 : _____
‘ Fa 11T /F2 11.04 Tf .12 0 612 792 re W* n BT /Fm[T /F2 12 Tf 1 20 065151.9