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First and Last Name \_\_\_\_\_ Student ID Number or Social Security Number \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Date of Birth Home Phone Number Cell Phone Number

**Semester you plan to begin:**  Fall 20 \_\_\_\_\_  Winter 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Summer 20 \_\_\_\_\_

Readmission  Readmission Second Degree

<input type="checkbox"/> 01 American Indian, Eskimo	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Gender
<input type="checkbox"/> 02 Asian or Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> Male
<input type="checkbox"/> 03 Black, excluding Hispanic	<input type="checkbox"/> No	<input type="checkbox"/> Female
<input type="checkbox"/> 04 Hispanic		
<input type="checkbox"/> 05 White, excluding Hispanic	<input type="checkbox"/> Permanent U.S. Citizen	<input type="checkbox"/> Michigan Resident
<input type="checkbox"/> 06 Prefer Not to Answer	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> 07 International	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> 08 Multiracial		If yes since _____

\_\_\_\_\_

Name of person to contact in case of emergency \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Telephone Number Relationship

\_\_\_\_\_

Major Minor

<b>Registrar Use Only</b>	ID Number _____	Last Date of Attendance _____
	GPA _____	Date Processed _____
<b>Application Status</b>	<input type="checkbox"/> 01 Full <input type="checkbox"/> 02 Provisional <input type="checkbox"/> 03 Probation <input type="checkbox"/> 04 Provisional/ Probation <input type="checkbox"/> Academic Dismissal	

List each college or university attended, starting with the most recent. Include SVSU if previously attended. You must request to have an official transcript from each institution attended sent directly to the Registrar's Office.

Name of Institution	City/State	MO/YR – MO/YR

Did you attend any other institution under another name?  No  Yes, \_\_\_\_\_

For all Applicants:

Will you be applying for Financial Aid?  Yes  No

Are you a U.S. Veteran?  Yes  No

While attending SVSU will you be:  Housing  Commuting

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Registrar Use Only:**

**Awaiting transcripts from the following institutions:**




Saginaw Valley State University  
Office of the Registrar  
Wickes Hall 151  
7400 Bay Road  
University Center, MI 48710

**PHONE:** 989-964-4085

**FAX:** 989-964-2555