

**Michigan Intercollegiate Graduate Studies (MIGS) Program
APPLICATION FORM**

(Please print or type)

Name of Student (Last name, first, middle) Birthdate (mm/dd/yy)

Social Security No. (required)

Student's mailing address at Home Institution (city/state/zip) Telephone No.

Home Institution ID No.

U.S. Citizen Non-U.S. Citizen _____
Country of Citizenship and Birth, if different

Residency status at Home Institution:
 Michigan
 Non-Michigan

Permanent U.S. Resident, Registration No. _____

Current Degree Sought:
 Master's
 Specialist
 Doctorate

B.A. Source: Institution Degree Date

Effective:
 Fall Spring
 Winter Summer
 Spring/Summer

From: _____
Home Institution Student's field at home institution

To: _____
Host Institution Student's field at host institution

Year: _____

Faculty contact at Host Institution Telephone No.

Course(s) to be elected at Host Institution:

Credits:

Title of Course	Dept/Course Number	<input type="checkbox"/> Quarter/ <input type="checkbox"/> Semester

Have you previously participated in the MIGS Program? No Yes If yes, date: _____

Have you ever previously enrolled in the Host Institution? No Yes If yes, date: _____

I agree to observe all the rules and regulations of the Host Institution and the MIGS Program.

Signature of Student Date

The above named student is in good standing and is approved by the Home Institution for enrollment at the Host Institution. The residency status as claimed above is correct.

Approval by the Home Institution:

Approval by the Host Institution:

Academic Advisor Date

Faculty Contact at Host Institution Date

MIGS Liaison Officer Date

Department Chairperson Date

Registrar (where applicable)* Date

MIGS Liaison Officer Date

*The MIGS Liaison Officer at the Home Institution shall decide whether the signature of the Registrar is required. 10/92