

Advising/Registration Reservation

Please mail completed form and \$50.00 payment to:

Grand Valley State University
 Admissions Office
 1 Campus Dr.
 Allendale, MI 49401

Student ID Number (G Number): _____

Name: _____

Email: _____

Date of Birth: _____ Major: _____

Minor: _____ Teacher Certification: Yes ___ No ___

If transferring from a Michigan community college, I will complete the MTA/MACRAO agreement: ___ yes ___ no ___ unknown

Please list courses that you are currently taking, courses not yet received by Grand Valley, or courses you plan to complete before attending Grand Valley. Please include as much information as possible (i.e. MA 107 – Intermediate Algebra – GRCC); as your advisor will use this to develop your educational plan.

TRANSFER COURSES			TRANSFERRING FROM
Prefix	Number	Course Title	College or University

*Upon receipt of form, you will be sent a confirmation email.