

Michigan Intercollegiate Graduate Studies (MIGS) Program APPLICATION FORM

(Please Print or Type)

STUDENT INFORMATION:

Name of Student (Last, first, middle) Birth Date (mm/dd/yy) Social Security No. (required)

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

Student's email address

U.S. Citizen Non-U.S. Citizen _____
Country of Citizenship and Birth (If different)

Permanent U.S. Resident, Registration No. _____

Residency status at Home Institution:
 Michigan
 Non-Michigan

BA/BS: Institution Degree Date

Current Degree Sought:
 Master's
 Specialist
 Doctorate

MIGS PROGRAM REQUEST:

From: _____
Home Institution Student's Field at Home Institution

To: _____
Host Institution Student's Field at Host Institution

Effective:
 Fall Spring
 Winter Summer
 Spring/Summer
_____ (year)

Faculty Contact at Host Institution Telephone No.

Course(s) to be taken at Host Institution:

Title of Course	Dept/Course Number	Credits: <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

APPROVALS:

The above named student is in good standing and is approved by the Home Institution for enrollment at the Host Institution in the above course(s) for the semester or term beginning _____ 20__ and ending _____ 20__. The residency status as claimed above is correct.

Approval by the Home Institution:

Academic Advisor Date

MIGS Liaison at Home Institution Date

Registrar (where applicable)* Date

Approval by the Host Institution:

Faculty Contact or Department Chair at Host Institution Date

MIGS Liaison Officer at the Host Institution Date

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