

Early Admission Application/Update Form



Are you: New student to Macomb? Former Macomb Student?

REQUESTED SEMESTER FALL 20 _____ (Aug–Dec) WINTER 20 _____ (Jan–May) SPRING/SUMMER 20 _____

STUDENT INFORMATION (please print clearly in blue or black ink)

MACOMB ID# (IF KNOWN) _____ UIC# (FROM HIGH SCHOOL) _____ SOCIAL SECURITY# _____ DATE OF BIRTH (MMDDYYYY) _____

NAME

LAST _____ FIRST _____ MIDDLE _____

CONTACT INFORMATION

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY _____ SCHOOL DISTRICT (IN WHICH YOU CURRENTLY RESIDE) _____

HOME PHONE NUMBER. (WITH AREA CODE) _____ CELL _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT NAME AND PHONE NUMBER. (WITH AREA CODE) _____

PARENT/LEGAL GUARDIAN'S NAME

LAST _____ FIRST _____ MIDDLE _____ RELATIONSHIP _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____ STUDENT SIGNATURE _____ DATE _____

GENDER MALE FEMALE

Ethnic Origin: Hispanic/Latino Non-Hispanic/Latino

In addition select one or more of the following racial categories to describe yourself.

- White (Non-Hispanic) Black (Non-Hispanic) Hispanic
 Native American or Alaskan Native Asian or Pacific Islander Not Listed

Are you a U.S. citizen? Yes No If not a U.S. citizen, country of citizenship: _____

Immigration Status: Foreign F-1 Student Visa Permanent Resident _____
ALIEN NUMBER

Refugee Other Visa _____
SPECIFY TYPE

Is English your second or third language? Yes No If Yes, what is your first language? _____

SCHOOL CURRENTLY ATTENDING

SCHOOL NAME _____ YOUR CURRENT GRADE LEVEL 12 11 10

STREET ADDRESS _____ TELEPHONE NUMBER. (WITH AREA CODE) _____ EXPECTED GRADUATION DATE (MMDDYYYY) _____

CITY _____ STATE _____ ZIP CODE _____

COURSES REQUESTED (subject to availability/eligibility at time of registration)

Macomb Course Title i.e. (English Comp I) _____ Macomb Catalog Reference i.e. (ENGL 1210) _____

ELIGIBILITY AUTHORIZATION (FOR Designated School Official Use Only)

The course(s) will be used to complete High School diploma requirements Yes No

Authorized Dual Enrollment School Stipend	\$ _____
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The Applicant is authorized for approval in the following program: (initial only one)

Student Paid Tuition	School Official Initials	Macomb Scholastic Nominee	School Official Initials	Macomb Leadership Nominee	School Official Initials	Michigan Dual Enrollment	School Official Initials
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SCHOOL OFFICIAL'S NAME (PRINT OR TYPE) _____ TITLE _____

SIGNATURE _____ DATE _____

COLLEGE USE ONLY	
COLLEGE OFFICIAL'S APPROVAL _____	DATE _____