



# ST. CLAIR COUNTY COMMUNITY COLLEGE

## Undergraduate Guest Application

sc4.edu

### Michigan Uniform Undergraduate Guest Application INSTRUCTIONS

This form will serve as your application for admission as a guest student at St. Clair County Community College. All prospective students should check with SC4 to determine if additional requirements are required for admission or enrollment. This form **does not ensure transferability** of courses taken at SC4 to the home institution.

Fill out PART I of the application. Then take it to the registrar (or officer at your school who processes Guest Applications) where PART II will be completed and signed. The completed Guest Application then will be sent from the Home Institution to the school to which you are applying.

#### **Guest students:**

1. Are subject to all the admission and registration regulations of the Guest Institution.
2. Do not have permission to register as a degree candidate at the Guest Institution.
3. Are responsible to determine that the Home Institution will accept credit earned as a guest student.
4. Must understand that falsification of any part of the Guest Application may result in cancellation of admission and/or registration at the Guest Institution.
5. Must arrange to have a transcript of any guest credit earned as a guest student sent from the Guest Institution back to the Home Institution.
6. Wishing to apply for financial aid should verify their eligibility with the Guest Institution.



St. Clair County Community College  
**MICHIGAN UNDERGRADUATE GUEST APPLICATION**  
 (Please follow the instructions on the **reverse** side of this page)

**PART I (To be completed by applicant)**

1. Name: \_\_\_\_\_  
Last First Nickname Middle Former (if applicable)
2. Social Security #: \_\_\_\_\_ UIC #: \_\_\_\_\_  
Without the SSN, SC4 cannot provide tuition information for federal tax credits. Available on Michigan K-12 transcript; leave blank if uncertain
3. Gender:  M  F    4. Date of birth: \_\_\_\_\_    5. Citizenship (country): \_\_\_\_\_ (Visa type) \_\_\_\_\_

This optional information provided is held confidential and is not used by SC4 for admission purposes.

- 6a. Ethnicity:  Hispanic/Latino  Non-Hispanic/Non-Latino
- 6b. Race:  American/Alaskan Native  Asian  Black/African American  Hawaiian/Pacific Islander  White  
 Race/Ethnicity Unknown  Non-resident Alien
7. Current address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
No., Street, Apt., City, ZIP
8. Home address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
No., Street, Apt., City, ZIP
9. Email address: \_\_\_\_\_
10. Are you a veteran, an active member of the military, a member of the National Guard or military reserves or the spouse or dependent of someone who is?  Yes  No
11. Guest application to: \_\_\_\_\_  
College or University, City, State
12. Guest term dates: \_\_\_\_\_ to \_\_\_\_\_  
Month, year Month, year
13. Have you previously applied for admission to this institution?  Yes  No If yes, when \_\_\_\_\_
14. Have you previously attended classes at this institution?  Yes  No If yes, indicate dates: \_\_\_\_\_
15. Courses you plan to take: \_\_\_\_\_

Please note that the courses listed will not guarantee enrollment at the guest institution, or transferability to the home institution.

**I certify that the above statements are true. I agree to abide by the regulations of SC4 while I am enrolled. I authorize the release of any records from my home institution which the guest institution may require.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Visit [sc4.edu/about/student-right-to-know/](http://sc4.edu/about/student-right-to-know/) for information relating to higher education federal regulations, as well as college policies and statistics.

**PART II (To be completed by an official at the institution in which the student is currently enrolled)**

1. Institution currently or last enrolled: \_\_\_\_\_  
College or University, City, State (Home Institution)
2. Enrolled status: Currently enrolled?  Yes  No If no, last date of attendance: \_\_\_\_\_
3. Academic standing: "C" average or better?  Yes  No Eligible to return?  Yes  No
4. Number of credits completed at home institution? \_\_\_\_\_

I certify that the statements in Part II are true.

\_\_\_\_\_  
Signature of school official Title Date Phone No. Seal