

# WAYNE STATE UNIVERSITY

Return to:  
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 Study Abroad & Global Programs  
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## Permit to Register Application - Exchange

Admission as a Permit to Register student does not carry with it permission to register as a degree applicant.  
 Individuals requiring a student visa cannot be enrolled on a Permit to Register basis.  
**This admission is valid for one semester only.**

Name: Last		First	Middle	Former Name (if applicable)
Social Security Number		Birthdate Month ____ Day ____ Year ____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Address		City	State	ZIP
E-Mail Address			Phone Number Home (____) _____ Work (____) _____	
Race: (Check ONE box only.) Note: Even if you are multi-racial, please answer this question by indicating either the race you identify with most or the race with which you are usually associated in the community.				
A. <input type="checkbox"/> Hispanic		D. <input type="checkbox"/> White (non-Hispanic)		
B. <input type="checkbox"/> Asian or Pacific Islander (API)		E. <input type="checkbox"/> Black		
C. <input type="checkbox"/> American Indian, Eskimo or Aleut (AIEA)				
Are you Multiracial? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For purposes of this question, you are multi-racial if you have parents from more than one of the broad race categories listed above, or if your parents regard themselves as being multi-racial.</i>				
Country of citizenship	Country of birth	State of legal residence	How long have you lived there?	County of residence
Permanent Residents should include a photocopy of both sides of the Permanent Resident Card with this application. Naturalized U.S. citizens should provide a copy of the U.S. passport or other proof of citizenship. Visa holders should include a copy of their visa and I-94.				
<input type="checkbox"/> I have an immigrant visa. Current status: _____ Issue date: _____ Expiration date: _____				
A# _____ <input type="checkbox"/> I currently have a _____ visa. Issue date: _____ Expiration date: _____				
Which tests have you taken? <input type="checkbox"/> TOEFL date: _____ <input type="checkbox"/> TWE date: _____ <input type="checkbox"/> MELAB date: _____				
Select the college in which you want to take classes. (check only one)				
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Graduate School -	<input type="checkbox"/> Medicine		
<input type="checkbox"/> Education	Library Science only	<input type="checkbox"/> Nursing		
<input type="checkbox"/> Engineering	<input type="checkbox"/> Law	<input type="checkbox"/> Pharmacy and Health Sciences		
<input type="checkbox"/> Fine, Performing and Communication Arts	<input type="checkbox"/> Liberal Arts and Sciences	<input type="checkbox"/> Social Work		
Indicate when you wish to start at Wayne State University.				
<input type="checkbox"/> Fall 20 _____		<input type="checkbox"/> Winter 20 _____		<input type="checkbox"/> Spring/Summer 20 _____
Previous Education Record:				
Name of institution	Dates of attendance		Degree	

Have you ever applied for admission to Wayne State University? \_\_\_\_\_ When? \_\_\_\_\_

Have you registered for credit courses (including off-campus) at Wayne State? \_\_\_\_\_ When \_\_\_\_\_

Date of last attendance at Wayne \_\_\_\_\_

I certify that the information given is complete and accurate. If admitted, I agree to comply with the regulations of WSU.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: A Permit to Register will be issued to an applicant only if:**

**The college/department is not able to process a regular application in time for the start of the requested semester, OR**

**The applicant is not currently eligible for a regular admission to the requested program or regular non-degree status, OR**

**The applicant has no intention of pursuing a degree program, but would like to take a class for personal enrichment.**

**College/Departmental Approval**

Our college/department cannot process a regular application for this applicant in time for the start of the semester. I have \_\_\_\_\_ have not \_\_\_\_\_ verified proof of degree, and I recommend that a Permit to Register be issued to this graduate student in the \_\_\_\_\_ program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ College or Department \_\_\_\_\_

**International applicants MUST present a satisfactory TOEFL score.**

**THIS BOX MUST BE SIGNED BY APPLICANT**

I understand that my admission as a Permit to Register student is valid for one semester only. Future registrations will require the submission of another application. I also understand that under this status I am NOT eligible for financial aid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print First and Last Name

**Admissions Action**

Permit Approved

Permit Not Approved