



Graduate Admissions

E-mail: graduate.studies@metrostate.edu

Phone: 651-793-1302

# Graduate Visiting Student – Admission

## How to Submit

Submit this form with an unofficial transcript from the highest degree-granting institution to graduate.studies@metrostate.edu. Depending on the course(s) you are requesting to take, you may be required to submit additional materials. You will be notified by email when your application has been processed. **Processing of this form does not guarantee approval to register.**

Please search the Course Schedule to ensure we offer the course(s) of interest.

Please list course(s):

Subject	Course Number
_____	_____
_____	_____
_____	_____

Courses which cannot be taken as a Visiting Student.

## Important Notes

1. Visiting students are not eligible for financial aid.
2. A one-time, nonrefundable \$20 application fee is due with tuition payment.
3. Visiting students may not register until Open registration.

## Student Information

Year and term you wish to enroll? \_\_\_\_\_ Year  Sum  Fall  Spr Metropolitan State student ID: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle Former Last Name(s)*

\* Social Security : \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip County*

Phone (with area code) (W) (\_\_\_\_)\_\_\_\_-\_\_\_\_ (C) (\_\_\_\_)\_\_\_\_-\_\_\_\_

Are you a Minnesota resident?  No  Yes → IF YES: number of years \_\_\_\_\_ months \_\_\_\_\_ If no, of which state are you a resident? \_\_\_\_\_

Are you a U.S. citizen?  Yes  No → IF NO: type of visa:  F1  Other \_\_\_\_\_ (F1 visa students must be admitted into a degree program)

Permanent Resident (if applicable):  Refugee  Resident Alien  Other \_\_\_\_\_

List all degree-granting colleges, universities, or technical colleges attended:

<i>Name</i>	<i>City</i>	<i>State</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Confidential Information (Optional):

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female  
MM DD YYYY

Are you Hispanic or Latino (a person of Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?  Yes  No

Ethnic background (select any that apply):  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  White

Have you served in the U.S. military?  Yes  No

I certify that the information I have provided on this form is complete, accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

\* Metropolitan State University is asking you to provide information that includes private and/or confidential information under state and federal law. **We are asking for this information in order to process your enrollment form.** You are not legally required to provide the information the college/university is requesting; however, the university may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent.

This information is available in alternative formats upon request by contacting Center for Accessibility (CAR) at accessibility.resources@metrostate.edu or 651.793.1549/651.772.7723 (TTY).