**MCW- MS Global Health Equity Student ONLY**

**APPLICATION FOR MARQUETTE ENROLLMENT**

This form is to be used **exclusively** by students enrolled in the Medical College of Wisconsin MS Global Health Equity program to apply for admission to Marquette University to enroll in courses per interinstitutional agreement. If you need any assistance completing this form, please contact the MU Graduate School at 414-288-7137.  
  
**Please save a copy of this completed form and email to** [**gradrecords@marquette.edu**](mailto:gradrecords@marquette.edu)

STUDENT INFORMATION

Last (Family) Name:

Gender: Female Male Date of Birth:

First Name:

Social Security Number:

Middle Name:

City, State and Country Birthplace:

Street Address: City: State: Zip Code:

Daytime Phone: Email:

Visa status (if applicable):  Citizen  Permanent Resident  Visa

Note: If permanent resident or Visa student, you must submit a copy of your green card or Visa prior to registration.

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| --- | --- | --- |
| GRADUATE SCHOOL PLANS |  | |
| Are you enrolled in the Global Health Equity program? | Yes | No |
| Have you ever applied to Marquette (in any capacity)? | Yes | No |
| Are you currently a Marquette University student? | Yes | No |

Entry Date: Fall Spring Summer Year:

Course(s) to take at MU (ex. EXRS 6530 Sec. 101)

Signature: Date:

Office use only:

* MCW confirmation
* Admissions
* Student group

# PLEASE FORWARD COMPLETED FORM TO THE MU GRADUATE SCHOOL

Revised 04/21