



MARQUETTE UNIVERSITY GRADUATE SCHOOL

APPLICATION FOR MARQUETTE-MCW EXCHANGE PROGRAM

This form is to be used by students at Medical College of Wisconsin to apply for admission to Marquette University under the exchange program agreement. If you need any assistance completing this form, please contact the Graduate School at 414-288-7137.

Please mail your application to:
 Marquette University Graduate School
 P.O. Box 1881
 Milwaukee, WI 53201-1881

or fax to: (414) 288-1902

Graduate School of Management applicants:
 Marquette University Graduate School of Management
 P.O. Box 1881
 Milwaukee, WI 53201-1881

or fax to: (414) 288-1902

STUDENT INFORMATION

Last (Family) Name: First Name: Middle Name:

Gender: Female Male Date of Birth: Social Security Number:

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.

GRADUATE SCHOOL PLANS

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:

Department in which you plan to take courses:

Degree Sought: NonDegree

Signature:

Date:

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL