

Marquette University Graduate School

Inter-University Visitation Enrollment Form

Please mail your application to: Marquette University Graduate School
P.O. Box 1881
Milwaukee, WI 53208

Or fax to: (414) 288-1902

Personal Information

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

Gender: Female Male Title: Mr. Mrs. Ms. Dr. Rev. Fr. Other: _____

Date of Birth: _____ Social Security Number: _____
(mm/dd/yyyy)

Citizenship Status (Check one): _____ U.S. Citizen _____ Permanent Resident _____ Visa (Type Visa: _____)

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

Place of Birth: _____
(City, State, Country)

Address:

_____ (City, State, Zip Code)

_____ (Day Phone)

_____ (Evening Phone)

_____ (Fax)

E-mail Address: _____

Graduate School Plans

Entry Date: Fall Spring Summer Year: _____

Department in which you plan to take courses: _____

Note: If College of Business Administration, you must submit a copy of your transcript prior to registration.

Degree Sought: Nondegree