This form will serve as your application for admission as a guest student at Montcalm Community College. This form does not insure transferability of courses taken at MCC.

**Instructions:** Complete Part I of the application. Take the application to your Home Institution Registrar (or officer at your university who processes Guest Applications) where Part II will be completed and signed. The completed Guest Application should then be returned to Montcalm Community College.

Guest students are subject to MCC policies, may not register as degree seeking candidates at MCC, are responsible for determining that the home institution will accept credits earned as a guest student, must understand that falsification of any part of the Guest Application may result in dismissal from MCC, must arrange to have a transcript sent from MCC to the Home Institution, and are responsible for payment of all costs associated with coursework at MCC.

**Part I (to be completed by applicant)**

1. **Name:**
   - LAST
   - (MAIDEN)
   - FIRST
   - MIDDLE INITIAL

2. **Current Address:**
   NO., STREET, CITY, STATE, ZIP CODE

3. **Current Phone:** (_______)

4. **Home Address:**
   NO., STREET, CITY, STATE, ZIP CODE

5. **Phone:** (_______)

6. **Email Address:**

7. **High School:**
   SCHOOL NAME, CITY, STATE

8. **State of Legal Residence:**

9. **County of Legal Residence:**

10. **Guest Application for Montcalm Community College, Sidney, Michigan**

11. **Guest Term Dates:**

12. **Have you previously applied for admission to MCC?**
   - Yes
   - No

13. **Have you previously attended classes at MCC?**
   - Yes
   - No

14. **Courses you plan to take at MCC:**
    COURSE NUMBER(S) AND TITLES

I certify that the above statements are true. I agree to abide by the regulations of the institutions named above while I am enrolled. I authorize the release of any records from my home institution which the guest institution may require.

Student’s Signature: ___________________________ Date: ___________________________

**PART II (To be completed by an official at the institution in which the student is currently enrolled.)**

1. **Institution in which applicant is currently enrolled:**
   COLLEGE OR UNIVERSITY, CITY, STATE, (HOME INSTITUTION)

2. **Is the applicant currently enrolled?**
   - Yes
   - No
   Last date of attendance: ___________________________

3. **Does the applicant hold a “C” Average or Better?**
   - Yes
   - No

4. **Is the applicant eligible to return?**
   - Yes
   - No

I certify that the contained information in Part II is true.

Signature ___________________________ Title ___________________________ Date ___________________________ Institution Seal ___________________________