

# University of Michigan Taubman College of Architecture and Urban Planning Non-Degree Application

## PERSONAL

Full Legal Name \_\_\_\_\_  
FIRST MIDDLE LAST [FAMILY NAME]  
*This should be the same name that is on your birth certificate or passport.*

Other Name[s] \_\_\_\_\_  
FIRST MIDDLE LAST

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_  
MONTH DAY YEAR

Citizenship Status \_\_\_\_\_

Permanent Resident Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

### Race/Ethnicity:

Please indicate whether you consider yourself to be Hispanic or Latino.

No, not Hispanic or Latino.

Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

In addition, select one or more of the following racial categories to describe yourself:

**American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** a person having origins in any black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## MILITARY SERVICE (IF APPLICABLE)

Indicate your anticipated status at the time you enroll:

On active duty US military \_\_\_\_\_ Veteran of US armed forces \_\_\_\_\_ US Reserves or National Guard \_\_\_\_\_ US Military Dependent \_\_\_\_\_

## CONTACT and ADDRESS

Email Address \_\_\_\_\_

Phone Number[s] \_\_\_\_\_  
CURRENT CELL Permanent

**UM Previous Affiliation** Uniqname \_\_\_\_\_ @umich.edu UMID [8 digit, located on your M-Card] \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_  
NUMBER AND STREET

CITY STATE COUNTRY POSTAL CODE

Address Valid Indefinitely Address Valid Until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Permanent Address \_\_\_\_\_  
NUMBER AND STREET

CITY STATE COUNTRY POSTAL CODE

## RESIDENCY

Are you a Michigan Resident?  Yes Since \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  No

If you indicated that you are a Michigan Resident, please select the Michigan County you are from. \_\_\_\_\_

## APPLICATION

Term of Proposed Enrollment  Fall  Winter

Year of Proposed Enrollment \_\_\_\_\_  
YEAR

Have you applied to the University of Michigan previously?

Yes  No

Have you ever attended the University of Michigan before?

Yes  No

Have you ever applied to Taubman College before?

Yes If yes, when? \_\_\_\_\_  No

### OFFICE USE ONLY

GPA \_\_\_\_\_

UMID \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

**PREVIOUS EDUCATION**

List all post-secondary institutions attended. You must submit one official transcript from each institution listed below.

**Institution** \_\_\_\_\_ Language of Instruction \_\_\_\_\_  
NAME

**Address** \_\_\_\_\_  
NUMBER AND STREET CITY STATE COUNTRY POSTAL CODE

Attended From \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ Field of Study \_\_\_\_\_ Field Degree Status \_\_\_\_\_  
MONTH YEAR MONTH YEAR

Title of Degree \_\_\_\_\_ Date Received/Expected \_\_\_\_\_ / \_\_\_\_\_ Level of Education \_\_\_\_\_

**Institution** \_\_\_\_\_ Language of Instruction \_\_\_\_\_  
NAME

**Address** \_\_\_\_\_  
NUMBER AND STREET CITY STATE COUNTRY POSTAL CODE

Attended From \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ Field of Study \_\_\_\_\_ Field Degree Status \_\_\_\_\_  
MONTH YEAR MONTH YEAR

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**Institution** \_\_\_\_\_ Language of Instruction \_\_\_\_\_  
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MONTH YEAR MONTH YEAR

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**WORK EXPERIENCE**

**Company** \_\_\_\_\_  Currently Employed Employed From \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
NAME MONTH YEAR MONTH YEAR

**Address** \_\_\_\_\_  
NUMBER AND STREET CITY STATE COUNTRY POSTAL CODE

Job Title/Responsibilities \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

**Company** \_\_\_\_\_ Employed From \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
NAME MONTH YEAR MONTH YEAR

**Address** \_\_\_\_\_  
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Job Title/Responsibilities \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

**Company** \_\_\_\_\_ Employed From \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_  
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