



PLEASE PRINT OR TYPE THIS APPLICATION

ADMISSION APPLICATION— POST BACHELOR ACCOUNTING CERTIFICATE

Semester Applying _____

WSU ID _____

Name _____

Last

First

Middle

Permanent Address _____

Number

Street

City

State

Zip

Current Mailing Address (if different) _____

Number

Street

City

State

Zip

Telephone _____

Email Address _____

Sex: Male Female Non-binary

Birthdate _____

Month/Day/Year

Ethnic Status (circle one) : (Optional— to be used for reporting purposes)

American Indian

Asian

Black

Hispanic

White

Other

Are you presently employed (Circle One) : Full-time Part-time No

Name of Employer _____

Phone _____

Who can we contact in the event of an emergency?

Name _____

Phone _____

DEGREE INFORMATION

Where is your degree from? _____

Major _____

Year Graduated _____

Signature of Student _____

Date _____

Submit completed application to:
 Wayne State University
 Mike Ilitch School of Business
 Frederick Hessler Student Success Center
 2771 Woodward Ave, Suite 101
 Detroit, MI 48201
 Phone:(313)-577-4510 Fax: (313) 577-2853

For office use only:

_____ 2.0 GPA

_____ Entered into AW

_____ Emailed Records