MICHIGAN INTERCOLLEGIATE GRADUATE STUDIES (MIGS) PROGRAM

Graduate students who are in good standing in a degree program are eligible to take graduate courses at several graduate schools in Michigan with prior approval of their **Home** and potential **Host Institutions**. This program enables graduate students to take advantage of unique educational opportunities throughout the state. See the next page of this document for a list of participating institutions and MIGS liaison officers.

**PROCEDURE**

First, the student and her/his academic advisor identify course(s) at a participating university that are needed for the student’s program of study and are unavailable at her/his Home Institution. Next the student obtains a MIGS application from the MIGS liaison officer at the Home Institution. When signatures of the student’s academic advisor and MIGS liaison officer have been obtained, signifying that the student is qualified and eligible to take course(s) for transfer back to the program of study, the Home Institution MIGS liaison forwards the application to the Host Institution MIGS liaison for review and approval. The Host Institution MIGS liaison will ensure that the course(s) will be offered in the anticipated semester or term and that there is sufficient space available to allow for enrollment by a guest student. Once admission has been approved by the Host Institution, the MIGS liaison or Admission’s Office at the Host Institution issues admissions documents and provides registration instructions to the student.

After completing the course(s), the student is responsible for arranging to have an official transcript sent from the Host Institution to the Home Institution. The student should also contact the MIGS liaison at the Home Institution to indicate that a transcript is being sent for posting on the academic record per guidelines of the Home Institution.

**ADDITIONAL INFORMATION**

**FEES AND FINANCIAL AID:** Students on MIGS enrollment pay tuition and other fees normally charged by the Host Institution for the services rendered. Students on MIGS enrollment are not eligible for financial aid from the Host Institution.

**RESIDENCY STATUS** is the same as at the Home Institution.

**CREDIT:** All credit earned under a MIGS enrollment will be accepted by a student’s Home Institution as agreed and posted according to the transcripting practices of the Home Institution.

**GRADES** earned in MIGS courses may be applied toward the Home Institution grade point average or used for credit toward a graduate degree as allowed by the Home Institution’s policy.

**PART-TIME:** A student may combine a part-time enrollment at the Home Institution with a part-time enrollment at the Host Institution with prior approval of the student’s academic advisor (and SEVIS officer for international F-1 students). The Home Institution agrees to obtain the documentation necessary to combine the enrollments into a single enrollment status and to update the student’s enrollment time status with the National Student Loan Clearinghouse or other time status reporting agency as appropriate.

**FELLOWSHIPS:** MIGS participation does not necessarily impact fellowship commitments made by the Home Institution for a given period. Financial aid issues should be negotiated by the student and appropriate officials prior to participating in MIGS.

**ENROLLMENTS** are limited to the minimum number of credits required for full-time graduate status at the Home Institution.

**TRANSCRIPTS:** The student is responsible for arranging to have one transcript certifying completion of course work sent from the Host Institution to the Home Institution.

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1 (The **Home Institution** is where the student is currently enrolled in a graduate degree program; the **Host Institution** is where the student wishes to be a guest.)
Michigan Intercollegiate Graduate Studies (MIGS) Program
APPLICATION FORM

(Please Print or Type)

STUDENT INFORMATION:

Name of Student (Last, first, middle) ____________________________ Birth Date (mm/dd/yy) ____________________________ Last 4 Digits of Social Security No. (required)

Student’s mailing address at Home Institution (city, state, zip code) ____________________________ Telephone No. ____________________________ Student ID # @ Home Institution ____________________________

[ ] Male [ ] Female

Student’s email address ____________________________

[ ] U.S. Citizen [ ] Non-U.S. Citizen Country of Citizenship and Birth (If different)

[ ] Permanent U.S. Resident, Registration No. ____________________________

BA/BS: Institution ____________________________ Degree ____________________________ Date ____________________________

MIGS PROGRAM REQUEST:

From: ____________________________

Home Institution Student’s Field at Home Institution ____________________________

To: ____________________________

Host Institution Student’s Field at Host Institution ____________________________

Faculty Contact at Host Institution ____________________________ Telephone No. ____________________________

Course(s) to be taken at Host Institution:

<table>
<thead>
<tr>
<th>Title of Course</th>
<th>Dept/Course Number</th>
<th>Credits: [ ] Quarter / [ ] Semester</th>
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Have you previously participated in the MIGS Program? [ ] No [ ] Yes If yes, date: ____________________________

Have you ever previously enrolled in the Host Institution? [ ] No [ ] Yes If yes, date: ____________________________

I agree to observe all the rules and regulations of the Host Institution and the MIGS program,

Signature of Student ____________________________ Date ____________________________

APPROVALS:
The above named student is in good standing and is approved by the Home Institution for enrollment at the Host Institution in the above course(s) for the semester or term beginning _____________ 20 and ending _____________ 20. The residency status as claimed above is correct.

Approval by the Home Institution: ____________________________ Date ____________________________

Academic Advisor ____________________________

MIGS Liaison at Home Institution ____________________________ Date ____________________________

Registrar (where applicable)* ____________________________ Date ____________________________

Approval by the Host Institution:

Faculty Contact or Department Chair at Host Institution ____________________________ Date ____________________________

MIGS Liaison Officer at the Host Institution ____________________________ Date ____________________________

*The MIGS Liaison Officer at the Home Institution shall decide whether the signature of the Registrar is required.
ANDREWS UNIVERSITY
Alayne Thorpe - Dean of Graduate Studies & Research
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alayne@andrews.edu

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Last updated 8-23-2022