

University of Illinois
APPLICATION FOR INTERCAMPUS REGISTRATION

1. Complete Legal Name (Please print or type)

Last
First
Middle
Previous name (if any)

2. U.I.N. _____ Date of Birth _____
MO DAY YR

3. My permanent home address: _____
(not a temporary campus address)

Phone: _____

E-mail: _____

4. I am presently enrolled in the College of _____ at:

Chicago Springfield Urbana

5. I wish to register for: Fall _____ (year) Chicago
 Spring _____ (year) *for* _____ Hours *at:* Springfield
 Summer _____ (year) Urbana

Reason: _____

6. List courses (up to 5) in which you wish to enroll at the host campus: 1. _____
2. _____ 3. _____
4. _____ 5. _____

7. I will... I will not... need financial aid for this/these term(s)

8. I understand that I will be assessed tuition and fees and receive services from the host campus while I am a guest student. I acknowledge that I have discussed course enrollment at the host campus with the Dean of my college with regard to transfer credit applicability toward my degree. I agree to abide by the admissions and registration procedures and course availability limitations at the host campus. I agree to send a final transcript when I complete my guest enrollment.

Signature of Applicant

Date

Signature of approving undergraduate college Dean

Date

OFFICIAL USE ONLY

DATA FROM HOME CAMPUS

Sex	Ethnic	Residency	Citizen	State	County	Country

Financial aid course enrollment by: _____ Hours: _____

HOST CAMPUS AUTHORIZATION CODING

Student Type:	College:
Authorization Source:	Curriculum:
Date:	Class:
Expected Graduation Date (EGD):	

Housing, Immunization, Enrollment Information sent by: