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.	I				Date of Birth	
3.	My permanent home	address:	!!!		I		MO DAY YR
	v 1						
	(not a temporary campus a						
		Phone	2:				
4.	I am presently enrolle	ed in the Co	ollege of				;
			Chicago	Spring	ïeld	Urbana	
5.	I wish to register for:				r Hours a	t: Chi	ringfield
	Reason:						
6.	List courses (up to 5) in which you wish to enroll at the host campus: 11						
	2			3			
4							
	4				5		
7. 8.	□ I will □ I understand that I wi acknowledge that I h	I will not 11 be assess have discus	need finan sed tuition and fee ssed course enrol	cial aid for this/the es and receive servi llment at the host	se term(s) ces from the host campus with the	campus while I a Dean of my co	llege with regard to
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