



SouthernTM
Illinois University
Carbondale

Graduate Admission Application for

Off-Campus Registration

Please Print in Ink or Type

--	--	--	--	--	--	--	--	--	--

Legal Name Last First Middle Social Security Number

Any other name your records may be under _____

Permanent Address City County State Zip Code

Have you resided in Illinois for the six (6) months immediately preceding the date of this application?

Yes No If no, how many months? _____

Birth Date Month _____ Date _____ Year _____

Telephone Number () _____ Complete Email Address _____

Your response is voluntary to the following question on ethnic origin. Ethnic information is requested so that this institution may demonstrate its compliance with federal requirements. Your response will not affect this application.

- American Indian/Alaskan Native Asian/Pacific Islander
 Hispanic Black (not Hispanic)
 White (not Hispanic)

Have you served or are you serving on active duty with the U.S. Armed Forces?

Yes No
 From (Month-Day-Year) _____
 To (Month-Day-Year) _____

Citizenship U.S. Citizen (skip to next section) International

Type of Visa: _____

If not a citizen, include country of citizenship: _____

Permanent Resident Alien Resident Number: _____

Permanent residents must submit a copy of both sides of their Alien Registration Receipt Card.

Registration Term: Fall Spring Summer Year _____

SIU History

Have you previously attended SIUC?

Yes No

If yes, when was your last enrollment? Month _____ Year _____

If yes, did you earn a Bachelor's or Master's Degree at SIUC?

Yes No

College History

Have you earned a Bachelor's or Master's Degree? Yes No

You must list all institutions you have attended since high school including SIUC and the college that you are presently attending.

Name (begin with most recent)	City	State (or Country)	Dates of Attendance		Hours Completed	Office Use Only
			From	To		
_____	_____	_____	/ - /	/	_____	_____ _____ _____ _____ _____
_____	_____	_____	/ - /	/	_____	_____ _____ _____ _____ _____
_____	_____	_____	/ - /	/	_____	_____ _____ _____ _____ _____
_____	_____	_____	/ - /	/	_____	_____ _____ _____ _____ _____

Are you registered for current or future semesters? Yes No If yes, how many hours are in progress? _____

Certification Statement to be signed by Applicant:

I certify that the statements made on this application are correct and complete including a report of all possible collegiate credit and criminal history as described above. I understand that withholding information requested on this application or giving false information may make me ineligible for admission to SIUC or subject to dismissal. I agree to maintain an accurate mailing or electronic address to which my statement of account can be mailed and to make payment of all due amounts by published deadlines. If my account becomes delinquent, I understand that my account will be placed with a collection agency and could be subject to litigation, and I agree to pay all associated costs. Further, I understand and agree that my unpaid tuition and receivables account is considered an extension of credit and creates a loan due the university. I authorize SIUC to maintain all my records under my signed name and understand these records and credentials in support of my application are the property of SIUC and will not be returned or reproduced. I give my permission to officials at all institutions I have attended to release information needed by SIUC to substantiate statements I have made on this application.

Signature _____

Date _____

Office Use Only

Col	Maj	L	Deg	Ca	Matric	Res	CL	Special Program	Site Code
_ _	_ _ _ _	_	_ _ _ _	_ _	_ _ _ _	_ _	_ _ _	_ _ _ _	_ _