

GUIDED INDIVIDUAL STUDY ENROLLMENT FORM

Guided Individual Study, Office of Continuing Education, University of Illinois at Urbana-Champaign
901 West University Avenue, Urbana, IL 61801
217-333-1320 or 800-252-1360 | Fax 217-333-8524
gisinfo@illinois.edu | www.outreach.uiuc.edu/gis



I L L I N O I S
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

May 2009

Applicant **MUST** fill out this form completely. Please print all entries legibly in ink.

Personal Information

Full Legal Name _____
Last/Family Name _____ First Name _____ Middle Initial _____ Maiden Name/Previous Last Name _____
Gender Male Female Date of Birth _____ Phone Number _____
Month Day Year
Current Mailing Address _____
Number and Street _____ City/Town _____
State/Province _____ Zip/Postal Code _____ Country _____

Please enter your ethnicity code: _____

- 1 American Indian or Alaskan Native
 - 2 Asian or Pacific Islander
 - 3 Black / African American / Non-Hispanic
 - 4 Hispanic / Latino;
or **4C** Cuban, **4M** Mexican American, **4P** Puerto Rican (mainland), **4R** Puerto Rican (commonwealth), **4Y** Puerto Rican (other), **4Z** Other Hispanic or Latino
 - 5 White / Non-Hispanic
 - 6 Race / Ethnicity Unknown
- (Ethnic information is requested so that this institution may demonstrate its compliance with federal requirements. Failure to respond will not affect this application.)

University Identification Number (UIN) _____
If you have attended or are currently attending the University of Illinois at Urbana-Champaign, please provide your UIN (9-digit purple number listed on your I-card as "Univ.ID").

E-mail Address _____

For students without a UIN: By checking the line provided, I grant permission for Academic Outreach to send my Unique Identification Number (UIN) to me via e-mail, using the e-mail address provided here to retrieve my NetId and password sooner. I understand that if I do not grant permission to send my UIN via e-mail, my UIN will be sent via postal mail and will delay my access to my course (if applicable) and other University services.

Register for your course(s)

Please list the subject and course number (Example: PSYC 100 W) from the GIS course catalog.

1. _____ 2. _____ 3. _____

Payment Information

Payment for tuition and fees **must** be included with your enrollment form in order to process your GIS registration in a timely manner.

Benefits, Scholarships and Waivers

Please check current valid exemption from tuition. (Enclose appropriate documents with your enrollment form and include payment for fees not covered).

County Child of Veteran Scholarship University of Illinois Faculty or Staff Illinois Veterans Scholarship College Illinois!
 General Assembly Scholarship COOP Teacher Waiver Intercollegiate Athletics
 Other Specify _____
 Veterans Administration Benefits Federal ROTC State ROTC National Guard Waiver MIA-POW
 Other Specify _____ Please specify Military Branch _____

Payment Type

Check Money Order (Check or Money Order made payable to "University Of Illinois") Amount Due \$ _____
 Credit Card Payment: VISA MasterCard Discover Amount Due \$ _____
Name as shown on credit card _____ Card Verification Number _____
(Last 3 digits located on the back of card)
Credit card number _____ Expiration Date (Month/Year) _____
Credit Card Holder Signature _____

Academic History

Have you ever been enrolled as an on campus student at any campus of the University of Illinois before? Yes No

If yes, when did you begin your program? (Month/year) _____

Which U of I campus: ___ Urbana-Champaign ___ Chicago ___ Springfield College: _____

Have you completed a baccalaureate (bachelor's) degree? ___ Yes ___ No

If yes, please list date received (month/year) and institute: _____

Citizenship Information

Please include a copy of your current non-immigrant status documents if you are **not** currently attending the University of Illinois, i.e., I-94 or other proof of status.

NOTE: If you currently hold an F-2 visa, you must contact the Office of International Student Affairs (OISA) at 217-333-1303 to determine whether you are eligible to take University of Illinois courses.

Are you a U.S. Citizen? ___ Yes ___ No If no, please indicate country of citizenship _____

Are you a permanent resident immigrant in the U.S.? ___ Yes ___ No

If yes, provide alien registration number and date admitted to the U.S. _____
Number Month Day Year

If you are currently in the U.S. on a non-immigrant status, please indicate type:

___ F-1 ___ F-2 ___ J-1 For J-1, please indicate Program Sponsor: _____

___ J-2 Other: _____

Date I-94 expires: _____
Month Day Year

If you need visa eligibility documents from the University of Illinois at Urbana-Champaign, please indicate type:

___ F-1 ___ J-1 For J-1, please indicate Program Sponsor: _____

If you do not need visa eligibility documents, indicate Program Sponsor that will issue them: _____

PERMISSION TO ENROLL HIGH SCHOOL STUDENTS (AT LEAST 15 YEARS OLD): Superior high school students may enroll in introductory courses with the permission of their principal or guidance counselor and approval from Guided Individual Study at the University of Illinois. This is to certify that this student has a grade point average of 3.5 out of 4 meriting consideration for enrollment in a University credit course through Guided Individual Study. The course may be taken in addition to the student's regular high school program.

Signature of Principal or Guidance Counselor _____ Date _____

GIS Applicant Authorization: I understand that by completing this Guided Individual Study (GIS) course enrollment form I am submitting an official registration with the University of Illinois. I agree to abide by all GIS registration and withdrawal policies and procedures as set forth in the current course catalog and Academic Outreach Website. I also understand that by completing this official registration that I am legally responsible for all GIS tuition and fees due to registration in these courses.

I fully understand that withholding pertinent information requested on this registration form or giving false information may make me ineligible for admissions to the University, subject to cancellation of registration if admission has occurred, or dismissal if already enrolled. I certify that the statements on this registration form are complete, including a report of all possible collegiate credit and criminal history as required. I give my permission to officials at all institutions I have attended to release information needed by the University of Illinois to substantiate statements I have made on this application. By providing my signature below, I certify that the above statements are correct and complete.

I have read and fully understand the policies and liability statements covered in this form and all Web sites referenced.

Signature of Applicant _____ Date _____

SUBMIT YOUR COMPLETED FORM BY FAX or MAIL:

FAX: 217-333-8524

MAIL: Guided Individual Study, Office of Continuing Education, 901 West University Avenue, Urbana, IL 61801

For office use only.

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|------|----|-----|------|-----|-------------|
| Date | By | Amt | Type | No. | CC Approval |
|------|----|-----|------|-----|-------------|