

# ILLINOIS COURSES ONLINE ENROLLMENT FORM

Illinois Courses Online, Office of Continuing Education, University of Illinois at Urbana-Champaign  
901 West University Avenue, Urbana, IL 61801-2777  
217-333-1320 or 800-252-1360 | Fax 217-333-8524  
icon-info@illinois.edu | www.outreach.illinois.edu/gis



**ILLINOIS**  
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

September 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 Illinois Courses Online (ICON) course catalog.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Payment Information

Payment for tuition and fees **must** be included with your enrollment form in order to process your ICON 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 Illinois Courses Online 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 Illinois Courses Online. The course may be taken in addition to the student's regular high school program.

Signature of Principal or Guidance Counselor \_\_\_\_\_ Date \_\_\_\_\_

**Illinois Courses Online Applicant Authorization:** I understand that by completing this Illinois Courses Online (ICON) course enrollment form I am submitting an official registration with the University of Illinois. I agree to abide by all ICON 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 ICON 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:** Illinois Courses Online, Office of Continuing Education, 901 West University Avenue, Urbana, IL 61801-2777

*For office use only.*

Date	By	Amt	Type	No.	CC Approval
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